DOCUMENT RESUME

ED 172 617 HE 011 347

TITLE	Nurse Education and Training. Report of the Committee of Inquiry into Nurse Education and Training to the Tertiary Education Commission.
INSTITUTION	Australian Tertiary Education Commission, Canberra.
PUB DATE	Aug 78
NOTE	171p.
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	Certification; Cost Effectiveness; *Educational Assessment; Educational Research; Education Work Relationship; Employment Opportunities; Foreign Countries; *Health Occupations Education; Higher Education; Historical Reviews; Medical Education; *National Programs; *Nurses; *Nursing; Professional Continuing Education; Professional Education; Public Policy; Staff Improvement; Teaching Hospitals
IDENTIFIERS	*Australia; *Nursing Education; Position Papers

ABSTRACT

A study of the education and training of nurses in Australia by the Tertiary Education Commission of Australia is presented. In September 1977 the Minister for Education appointed a committee to advise the Commission on possible developments and changes in nurse education and training. Data were collected from visits and consultations with representatives of hospitals, professional nursing organizations, and related health care professionals. The report includes a brief historical review of the nursing profession and the current system of nurse education and training. Investigation into the current supply of Australian nurses and the financing and costs of their education revealed a lack of data about the number of nurses, their distribution by age, sex, qualification, type of practice, and geographical location. Problems related to hospital-based nurse education and issues influencing future nurse preparation are examined. Also addressed are: expansion and costs of nurse education in colleges of advanced education, psychiatric nursing and mental deficiency nursing, post-basic nurse education, and continuing education. Recommendations from the study focus on standardizing the accreditation and quality of nursing education. Specific recommendations are included for: basic nursing courses, post-basic courses, nurse educator programs, nursing staff development opportunities, and continuing education. It is also suggested that resources be made available by both the health and education systems for research into nursing education and evaluation of present nurse education programs. (BH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED172617

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY
Tertiary
Education Comm
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

NURSE EDUCATION AND TRAINING

REPORT OF THE COMMITTEE OF INQUIRY INTO NURSE EDUCATION AND TRAINING TO THE TERTIARY EDUCATION COMMISSION

AUGUST 1978

Printed by Union Offset Co. Pty. Limited, Canberra.

TERTIARY
EDUCATION
COMMISSION

Reserve Bank Building
London Circuit
CANBERRA CITY
A.C.T. 2601

1 September 1978

Dear Minister,

On 23 September 1977 you announced the establishment, under section 39(1) of the *Tertiary Education Commission Act 1977*, of a Committee to review arrangements for the education and training of nurses. The Committee was to report to the Commission.

The Committee has now completed its report, which it conveyed to the Commission by letter dated 31 August 1978. The Commission has not yet considered the Committee's recommendations. When it has had an opportunity to examine them in detail, it will inform you of its views.

I wish to place on record, on behalf of the Commission, the Commission's thanks to the Chairman of the Committee, Dr S. Sax, and his colleagues for the work undertaken by them in the preparation of the report.

Yours sincerely,

Peter Karmel, *Chairman*

Senator the Hon. J.L. Carrick,
Minister for Education,
Parliament House,
CANBERRA A.C.T. 2600

COMMITTEE ON NURSE EDUCATION AND TRAINING

P.O. Box 1,
WODEN
A.C.T. 2606

31 August 1978

Emeritus Professor P.H. Karmel,
A.C., C.B.E.,
Chairman,
Tertiary Education Commission,
P.O. Box 250,
CANBERRA A.C.T. 2601

Dear Chairman,

On 23 September 1977 the Minister for Education (Senator the Honourable J.L. Carrick) appointed us, under Section 39 of the *Tertiary Education Commission Act 1977* as a Committee to advise the Commission on possible developments and changes in nurse education and training.

We have now completed our task and have the honour to submit to the Commission the full and unanimous report of the Committee.

We wish to acknowledge the very great assistance that we have received from education, health and hospital authorities and the various nursing organisations. The Committee appreciated the ready co-operation of the Advanced Education Council and the Commonwealth Department of Health.

Finally, we wish to express our gratitude, for their work on the Committee's behalf, to the Secretary, Mr Geoff Hine, to the Research staff, Mr Des Murray, Mrs Jean Harvey and Mrs Beth Moran and to the Chairman's Secretary, Mrs Pat Gavin.

Yours sincerely,

Sidney Sax, *Chairman*
H.K. Coughlan
D.K.B. Fraser
H.S. Houston
Murray Maxwell
C.A. Nettle
Mary Patten
Sr Paulina Pilkington
P. Pflaum
J.A. Porter
N.C. Rees

CONTENTS

Chapter I : Introduction

Chapter II : Previous Inquiries

Chapter III : Current Arrangements For Nurse Education and Training

Chapter IV : Current Supply of Nurses and the Financing and Cost of Their Education and Training

Chapter V : Problems Related to Hospital-Based Nurse Education and Training

Chapter VI : Trends and Expectations

Chapter VII : Nursing Roles and Functions

Chapter VIII : Basis for Future Nurse Preparation

Chapter IX : Issues Influencing Future Nurse Preparation

Chapter X : Options for Improving Nurse Education and Training

Chapter XI : Expansion of Nurse Education in Colleges of Advanced Education

Chapter XII : Costs and Structural Effects of Proposals For Nurse Education in Colleges of Advanced Education

Chapter XIII : Psychiatric Nursing and Mental Deficiency Nursing

Chapter XIV : Post-Basic Nurse Education and Continuing Education

Chapter XV : Conclusions and Recommendations

APPENDICES

1. Organisations Represented in Discussions with the Committee and List of Submissions Received by the Committee
2. Statistical Tables
3. Post-Basic Nursing Courses
4. Estimated Cost of Current Nurse Education and Training
5. Diagrammatic Representation of the Nursing Process
6. Cost of Replacing Student Nurses
    - a) Salaries payable to nursing staff replacing students - for service needs
    - b) Salaries payable to 166 student nurses during training
7. Entry Requirements for Nursing Programs and for Employment as a Registered Nurse
8. Bibliography
9. Glossary of Terms

CHAPTER 1 : INTRODUCTION

Terms of Reference

1.1 On 23 September 1977 the Minister for Education, Senator J.L. Carrick, announced that the Commonwealth Government had agreed to the establishment of a committee to inquire into the education and training of nurses. The committee, which was established following consultation with the Minister for Health, the Hon. Ralph J. Hunt, M.P., was appointed under Section 39 (1) of the Tertiary Education Commission Act 1977.

1.2 The terms of reference of the inquiry were:

> "To inquire into and make recommendations to the Tertiary Education Commission on possible developments and changes in nurse education and training including whether such education should take place in hospitals or educational institutions or both".

1.3 The Committee was to give particular regard to:

- (i) Current policies, trends, inquiries and research in nurse education and training;
- (ii) The implications of alternative forms of nurse education and training with particular reference to:
  - (a) the organisation, operation, costs and quality of health services and care;
  - (b) the staffing implications for educational institutions of any transfer of nurse education training from hospitals to educational institutions;
  - (c) the sources, supply and distribution of nurses;
  - (d) the size and structure of the nursing workforce;
  - (e) the costs of nurse education and training and the respective financial responsiblities of the health and education sectors.

1.4 The membership of the Committee comprised:

Chairman:

Dr S. Sax, Head, Social Welfare Policy Secretariat.

Nominees of the Tertiary Education Commission:

Mr H.K. Coughlan, Commissioner (Technical and Further Education) Tertiary Education Commission

Dr D.K.B. Fraser, Consultant Paediatrician, Prince Charles Hospital, Brisbane; Commissioner, Tertiary Education Commission.

Dr H.S. Houston, Commissioner (Advanced Education) Tertiary Education Commission

Miss M. Patten, Federal Secretary, Royal Australian Nursing Federation.

Nominees of the Department of Health:

Dr M. Maxwell, Consultant Physician, Prince Henry's Hospital, Melbourne: Chairman of the Australian Medical Association Federal Assembly.

Mr C.A. Nettle, Deputy Director-General, Department of Health.

Mr P. Pflaum, Policy Co-ordinator (Policy and Planning Division) Department of Health.

Sister Paulina Pilkington, Director of Nursing, Department of Health.

Nominees of the Hospital and Allied Services Advisory Council

Miss J.A. Porter, Principal Nursing Officer, South Australian Health Commission.

Mr N.C. Rees, Medical Superintendent, Royal Perth Hospital, Perth.

1.5 In his statement announcing the inquiry, the Minister for Education referred to increasing pressures from the nursing profession and from colleges of advanced education for the movement of basic nurse education and training out of hospitals into the tertiary education system. Such a movement would have widespread implications both for the organisation of hospital care and for the educational institutions themselves. The Government wished to have detailed advice on the options for varying present arrangements, including an assessment of the costs of any changes to both the hospital system and the education system.

Procedure

1.6 The Committee held its first meeting on 7 October, 1977. Visits were made to all States and the Australian Capital Territory and consultations held with State health and education authorities and with representatives of hospitals, professional nursing bodies and organisations in related areas of health care provision. A list of all organisations represented in discussions with the Committee is set out in Appendix 1.

1.7 Persons representing a wide range of interests have furnished written submissions. Where additional information was needed on specific matters special submissions were sought from appropriate professional bodies, research workers and experts.

Background

1.8 The pattern of education and training of registered nurses and nurse-aides in Australia has been modelled on apprenticeship. Standard practice has been for approved hospitals to accept student nurses as paid employees who are rostered as part of the regular work force. In addition, the hospitals administer an educational program for the student nurses who are examined by Nurses Registration Boards that are State statutory bodies.

1.9 In a few instances, student nurses employed by hospitals attend an independent school of nursing which organises their formal education and training. Examples are the Northern District School of Nursing at Bendigo, the Regional Nurse Training School at Newcastle, and the Western Australian School of Nursing, which is administered by an independent Board and is located adjacent to the Royal Perth Hospital.

1.10 The professional nursing associations have been joined by nurse educators, several previous committees of inquiry, and major elements in tertiary education in contending that there should be a change from education and training in an apprenticeship pattern to one in which student nurses enrol in an educational establishment. Students would have an unambiguous status as such, and their clinical experience would be organised as part of their educational program like that of students in other health professions.

1.11 Since 1974, six pilot courses in basic nurse education have been established in colleges of advanced education. The courses are at the Lincoln Institute of Health Sciences and the Preston Institute of Technology in Melbourne, the Sturt College of Advanced Education in Adelaide, the Western Australian Institute of Technology in Perth, the Riverina College of Advanced Education in Wagga Wagga, and the Cumberland College of Health Sciences in Sydney.

1.12 The major reasons usually advanced for the move from traditional hospital-based programs of nurse education have been based on:

(i) changes in health care needs

(ii) changes in systems for supplying health services

(iii) great expansion of knowledge and technology

(iv) perceived inadequacies of the traditional hospital programs in meeting the health care needs of society and the educational needs of students

(v) claims that education in multi-discipline colleges confers advantages on both students and society.

1.13 We agree that the repertoire of knowledge, skills and techniques now required of the trained nurse encompasses more than was required twenty years ago, or even ten years ago. Apart from knowledge related to the rapid growth of technology there is a need for knowledge in behavioural science. This derives from a growing understanding of the importance of relations between nurses and patients, including interventions in crisis situations. Skilled help can prevent breakdown of the individual and the family at times of bereavement, loss of a limb or organ or body function, and during major disruptions in patterns of living. The nurse is often intimately involved at such times of crisis.

1.14 Changes are also occurring in the expressed health care needs of the community. Current thinking is that more attention should be given to the maintenance of health and the prevention of illness. There has been some expansion of community-based health services where nurses may be called upon to act in professional teams whose members need skills in communication and teaching, group behaviour, leadership, delegation and supervision.

1.15 Patterns of morbidity and disability have undergone considerable change in the past four decades. Altered conditions of living, smaller dwellings, regular employment for women, and diminished acceptance of family care for the aged and disabled and their longer survival, have led to the provision of domiciliary care, day care, sheltered workshops, rehabilitation centres, day hospitals, hostels for the handicapped, and nursing homes. All of these call for fresh adaptations of traditional nursing skills.

1.16 Nonetheless, changes in the community's demands for health services are difficult to predict. Apart from scientific, technological, social and professional developments that need to be projected, there are unpredictable political factors involving decisions on the nature of the services to be provided, the balance between the public and private sectors, and the nature and location of educational facilities. The dilemma is one of meeting current demands while identifying likely future needs and responding in time and in a manner that is appropriate.

1.17 Given the weight of those difficulties, it is still necessary to make tentative projections of the appropriate educational response to likely future needs. There have been vast changes in nurse education. Evidence was given in New South Wales to the Public Hospital Nurses (State) Conciliation Committee in 1977 that only 48 hours of formal tuition were given in 1939, during the whole of a four year nursing program. The figure is now around 1,000 hours, and the Conciliation Commissioner reported that there had been drastic alterations in syllabus and curriculum. Despite these changes, it is still argued that within the present hospital-based training mode, there is difficulty in providing the body of knowledge now regarded as essential. Further, the status of the registered nurse is said to be diminished by the current training experience.

1.18 The preparation of nurses remains one of the major areas of vocational education which has not been substantially integrated within the general post-secondary education system. Opposition to its transfer from hospital-based modes stems from those who consider that hospital programs -

(i) work, and supply Australia with very efficient nurses;

(ii) have stood the test of time;

(iii) enable trainees to provide valuable services;

(iv) are built upon an effective "apprentice/journeyman" type of relationship.

1.19 Another reason for hesitation is the risk of credentialism resulting in students obtaining nursing qualifications that may not be essential to do particular jobs. Employers would then use such graduates in jobs for which their level of qualification was not necessary. Graduates could become dissatisfied because their job aspirations are frustrated by the realities of the labour market.

1.20 A decision to move the education and training of registered nurses into the tertiary education system and to require a tertiary qualification for registration would have substantial consequences. The task would be one of some magnitude; the private costs of education could be raised for students; the types and number of students attracted to nursing could be affected, the pattern of labour used in hospitals could be changed; the organisation of work in hospitals could be influenced; and the costs of operating both the hospital and education sectors could be affected.

1.21 The consequences are of such great potential significance that answers to the following questions are now required:

(i) is there a need to change the system of education and training of nurses?

(ii) if there is a need, how will it be achieved, and what are the implications?

CHAPTER II : PREVIOUS INQUIRIES

A Brief Historical Review

2.1 An examination of the history of nursing can establish the context for an examination of, and shed light on, its present problems. Perhaps the most obvious feature of nursing, the one which strikes the observer most readily, is that it is predominantly a female occupation. Since the beginning of recorded history, women have been associated with healing. In ancient Greece they functioned as independent practitioners, specialising in the care of women during pregnancy, child birth and the post-natal period.

2.2 The development of monasticism was associated with the attachment to many monasteries of hospices for the sick and the traveller. It was religion which first induced women in the early centuries of Christianity, to care for the sick as a charitable duty. In the fourth century, A.D. a noblewoman, Fabiola, founded the first general hospital of the Romans, and in 542 A.D. a group of Christian lay men and women formed the earliest European hospital outside monasteries in Lyons. Augustinian nuns took over the Hotel Dieu in Paris in the twelfth century, and it is still run by the order today. The "Poor Clares", a nursing order, began work in the thirteenth century and the Daughters of Charity in 1633.

2.3 In medieval times women expanded their role to more general health care. They developed and used herbal remedies and other curative techniques and remained independent in their work until well into the fourteenth century. Women healers became the major source of care and comfort for the peasant.

2.4 In the thirteenth century an alternative group of healers emerged and rapidly established themselves as a medical profession. Their scientific knowledge was limited but, nevertheless, they managed to gain dominance over healing whilst the women healers were persecuted as witches.

2.5 By the eighteenth century, female participation in medicine was restricted to nursing, which at that time was looked upon as a disagreeable and vulgar form of domestic service. The work was poorly paid and working conditions were appalling.

2.6 In the middle of the nineteenth century a new movement began when systematic training of nurses became established. In 1836 a Lutheran minister, Pastor Fliedner, founded the institute for training deaconesses at Kaiserswerth in Germany. It was there that Florence Nightingale acquired much of her practical knowledge.

2.7 The Kaiserswerth example was followed by the Society of Friends in Philadelphia in 1836, and by the same community under Elizabeth Fry in London in 1840. Elizabeth Fry arranged practical training for the Institution of Nursing Sisters at Guy's and St. Thomas's hospitals. A Church of England training institution (St. John's House) was opened in 1848.

2.8 The Crimean War, which broke out in 1854, created public concern about the level of nursing training and medical care in general as care of the wounded became a major issue. The nursing administration of Florence Nightingale substantially cut the death rate of wounded in the Crimea and her activity created impetus for the establishment of the Nightingale Fund in 1855 and the Nightingale School of Nursing at St. Thomas's Hospital, London.

2.9 From this era, nursing as we know it now developed. The central characteristics which existed at the time still exist today, including a hospital base of operations, direction by doctors and a struggle to gain support for the idea that the nurse is entitled to professional status.

Major Reports and Inquiries

2.10 The first major investigation of the modern nursing profession in Australia could be said to date from the Kelly Report of 1943 in New South Wales. In his address to the Committee "for re-organisation of the nursing profession" the Chairman, Mr C.A. Kelly, suggested that the primary purpose of the inquiry was to 'improve the status and training of nurses' and he stated -

> "I would be pleased if amongst other things this Committee would address itself to the reasons for the shortage of nurses and the reasons for their leaving the nursing profession, and to receive recommendations with a view to improving the status and conditions of the nursing profession, and if you would keep in mind the formulation of a long range policy for complete reconstruction of the training of nurses and the safe-guarding of the trained nurses of the future".(1)

2.11 The Committee presented its report at a time when 48 hours per week of work and a minimum four year course were still acceptable, but it did make suggestions for better study conditions by means of a block system, for sister tutors and sister instructors to be appointed to all training schools, for postgraduate training and for the establishment of a College of Nursing. These recommendations have been implemented.

---

(1) First Report of the Committee for Re-Organisation of the Nursing Profession in New South Wales. Page 1.

2.12 The Kelly Report indicated other inadequacies in the education and training of nurses, but due to the exigencies of wartime its views were not acted upon. The Committee's comments on the apprenticeship system in nursing, though made in 1943, remain relevant today.

> "The nurses' practical training is not organised at present, instruction given in many cases being casual and uncorrelated, with the result that the education of the nurse is often sacrificed to the requirements of the hospital. The position requires reviewing as a whole in order that the old system of apprenticeship may be abandoned and replaced with a system of training based upon sound educational principles."(2)

2.13 In 1964, the Martin Report, which proposed the development of the advanced education system, commented on the value of incorporating the two colleges of nursing, the College of Nursing, Australia and the New South Wales College of Nursing, into the advanced education system. The Committee was of the view that it would be advantageous to train senior nursing personnel in advanced education institutions. Though they were not considering basic nursing courses, their views are perhaps relevant here because they saw a need for the incorporation of some forms of nursing training into the education system.

2.14 A committee appointed in New South Wales to consider all aspects of nursing said in its report presented in 1967 that -

> "emphasis has been placed during training on nursing procedures in order to prepare a nurse as quickly as possible for ward duties without providing the necessary correlated theoretical instruction. This has resulted in the production of a nurse who is restricted in outlook, resistant to change, and unable to cope confidently with the scientific and technical advances in medicine and the social problems of nurses." (3)

Part 2 of this report, published in 1969, dealt with the education of the general nurse and it was stated that -

> "it is widely held that the education of the general nurse has not kept pace with the advances in medicine and the population and social changes which have taken place in the community." (4)

---

(2) Ibid. Page 6

The committee recommended that training should no longer be the responsibility of the hospital and that schools of nursing should be established, that combined university and nursing courses should be further encouraged, and students should not be required to undertake duties other than nursing. The Committee emphasised that the education and training of the nurse should -

> "enable her to gain stimulation and satisfaction from it. The program should be developed to a standard which will enable the interest of the intelligent student to be maintained....... The responsibilities that nurses are required to assume today make it essential that they should receive a liberal education which will encourage critical thinking and develop individual potential."(5)

2.15 Dr Rae Chittick, World Health Organisation consultant, who also examined the basic nursing program in New South Wales, commented in 1968 -

> "Although there has been an enormous growth of opportunities, nursing has not shared in these advancements. At the age of seventeen, the entrance age to schools of nursing, students are cut off from any educational program that would enlarge their vision, develop their potential resources and make them aware of the social, political and cultural problems they must face as citizens. Nursing education at the basic level remains a trade which students learn over a period of three or four years in a very limited environment. Perhaps no other group of young people in modern society receives such a narrow restricted and unimaginative type of education."(6)

2.16 The Report of the Committee appointed by the Minister for Health to inquire into education of nurses in New South Wales reiterated the recommendations of the Committee to Consider all Aspects of Nursing. Published in 1970, it recommended that the education of nurses should come within the responsibility of the Ministry of Education, that the Higher School Certificate should be standard entry, that Colleges of Advanced Education or Schools of Nursing should have responsibility for courses with appropriate certificates

---

(3), (4), (5) Report of the Committee to consider all aspects of Nursing. Part 1 "The General Nurse in the Hospital Environment" Chapter 5, Page 37. Part 2 "The Education of the General Nurse" Page 7 and Chapter 3 Page 15. (Institute of Hospital Matrons, New South Wales and Australian Capital Territory 1967 and 1969).

(6) Assignment Report - R. Chittick Chapter 1, Page 10 (World Health Organization, Regional Office of the Pacific, 1968).

or diplomas leading to nurse registration, that the combined university degree/nurse registration courses (such as at the University of New England) should be extended and that small hospitals should no longer undertake training. Scholarships and financial support during education were also recommended.

2.17 In Victoria, the Minister of Health established a committee of enquiry into nursing in 1970. The Committee's terms of reference required it to recommend

> "ways in which the training needs of nurses and the service needs of hospitals may be reconciled with the least detriment to either".(7)

The Committee's report, (the Ramsay Report) recommended that -

> "as a pilot project, a course for the education of student general nurses, as full time students, should be conducted under the aegis of the Victoria Institute of Colleges."(8)
>
> "a basic university course for a limited number of student nurses might profitably be introduced on an experimental basis". (9)

2.18 This committee noted as had other committees that there was a lack of comprehensive and reliable data on nursing statistics. It considered that there was a need for a complete review of the content of information required and methods of collection of nursing data. As with previous studies, attention was drawn to the high rate of student wastage and it was suggested that studies of nurse wastage rates should be undertaken.

2.19 The matter of excessive student nurse wastage was again examined in the report to the Tasmanian Minister for Health by Lade and Lawson in 1970. Their report stated that

> "44% of nurses fail to graduate, with the highest wastage in first year."(10)

Some of the problems were examined and it was suggested that formal vocational guidance tests should be adopted for all types of nursing students.

2.20 Recommendations were also made that University graduates should be able to undertake a nursing course in two instead of three years, and that qualified nurses should be encouraged to undertake some single university subjects.

---

(7), (8), (9) "Nursing in Victoria". Report of the Committee of Enquiry into Nursing in Victoria, Chapter 4, Pages 90, 98 and 111. (C.H. Rixon, Government Printer, Melbourne, 1970).

(10) "Nursing in Tasmania". Report to the Honourable the Minister for Health, Page 2, 1970.

2.21 The Report of the Committee to Investigate and Plan Future Nursing Education in the Australian Capital Territory. (May 1970) recommended that a Central School of Nursing should be established which would be an educational institution, in close proximity to other educational institutions and that a tertiary level basic nursing course as well as post-graduate courses in nursing should be established at the Canberra College of Advanced Education.

2.22 In 1973 South Australia instigated a major enquiry into health services in that State. The resultant Bright Report identified once again the lack of relevant and up to date statistical data on nursing and recommended that -

> "the statutory body responsible for nurse education should ensure projections are made ... of numbers required ... and should carry out constant curriculum review".(11)

It commented that statistics on numbers of registered nurses currently in employment are not available and stated that it

> "will be difficult to determine if there is a shortage of nurses."(12)

2.23 In 1974 a report on possible redevelopments in nurse education for Queensland recommended that -

> "within the context of modern education, the tertiary education system of Australia and socio-economic mores", (13)

nursing education should be redeveloped. This report considered that -

> "the new generation of student and qualified nurses are part of our modern community - a community which demands: educational programmes conducted in educational institutions, where the student is regarded as a student rather than a trainee and where an atmosphere of learning prevails and where learning can occur more readily". (14)

2.24 In New South Wales and Victoria, the question of nursing training again came under review. In 1974 the report of the Nurses Education Board on the future development of nurse education in New South Wales commented that -

---

(11), (12) "Health Services in South Australia". Report of the Committee of Enquiry into Health Services in South Australia. Chapter 12 Page 169 (A.B. James, Government Printer. South Australia. 1973)

(13), (14) Possible Redevelopments in Nurse Education for Queensland. College of Nursing Australia 1974. Page 20 and 9.

> "a multiplicity of training schools does not allow for economic or rational use of training facilities or staff. The lack of nursing programs in educational institutions contributes to the isolation of nursing education from the mainstream of educational thought and expertize."(15)

The report identified the shortage of qualified and experienced educators and again there was support for a -

> "comprehensive basic course aimed at preparing a generalist nurse."(16)

Other recommendations were that the range of educational institutions in which student nurses undertake courses leading to registration should be increased and that student nurses should be given full student status.

2.25 These same convictions were expressed in the Report of the Committee of Inquiry into Hospital and Health Services in Victoria in 1975. The Committee found, as many others had, that -

> "so long as the responsibility for education and service continues to be located entirely under hospital nursing administration there will remain a tendency for the more immediate service needs to override the educational needs."(17)

It recommended regional schools and closer liaison with multi-disciplinary colleges of advanced education and stressed the urgent need for more and better qualified nurse educators.

2.26 The Committee appointed to advise on desirable developments in nursing education in Queensland recommended in 1976 that basic nursing education required three years full time study at UG2 level and that such education should be undertaken in a College of Advanced Education. However, the Queensland Cabinet stated that -

> "Queensland should not embark on basic courses in colleges of advanced education while there is no agreement by the Commonwealth to long-term funding."(18)

---

(15) (16) Report of the Nurses Education Board on the Future Development of Nurse Education in New South Wales, Pages 8 and 9.

(17) Report of the Committee on Inquiry into Hospitals and Health Services in Victoria. Chapter 16 Page 109. (1975)

(18) Press Release, Office of the Minister for Education, Queensland 14 March 1977.

The Training of Nurse-Aides

2.27 Most nursing studies have stressed the need to give good basic training to a "second tier" of nurses, variously called nurse-aides, auxiliary nurses and enrolled nurses, at the same time as they criticised the very restricted training available to professional nurses.

2.28 The Ramsay Report recommended that nurse-aide training in Victoria should be replaced as a matter of urgency by a more advanced program, the title changed to "enrolled nurse", and that the duration of the course should be twelve months.

2.29 The Syme/Townsend Report also gave attention to the need for improved nurse-aide (enrolled nurse) training. It estimated wastage rates of 29.4% for trainee nurse-aides. Again attention was drawn to a shortage of data, particularly on employment participation rates.

Issues Arising from Reports

2.30 A review of official reports of state or national investigatory committees reveals considerable support for the following -

- student nurses to have full student status with education divorced from employment
- basic nurse training to be provided in education institutions (limited support)
- post-basic education to be provided in Colleges of Advanced Education or Universities
- higher minimum entry standards
- closer relationships between theory and practice.
- elimination of small hospital training schools
- student nurses to be supernumerary during their clinical attachments
- opportunities for each nurse category to progress to higher grades
- formal training for nurse-aides (auxiliary nurses, enrolled nurses).

2.31 The notion that trainee nurses should have student status has received strong support from professional nursing associations. It is a central theme of the 1976 policy statements of the associations - "Goals in Nursing Education."

2.32 In December 1975 before the publication of the goals in nursing education policy statements a conference was held in the Australian Capital Territory to consider the goals in nursing education report. The report of this conference - "Nurse Education - What Future?" sounded a cautionary note about the placement of nurse education in academic institutions. It pointed out that -

> "Nurse education has traditionally been squeezed and deprived by service requirements (except where supernumerary status is a reality) so there are understandable pressures to take it out of hospitals and into exclusively educational institutions. However, there is a growing tendency to conceive of all institutions as potential learning environments and to seek to locate more of formal education in the workplace rather than away on college campuses. Academic and professional courses in tertiary institutions are under increasing criticism as being unpractical, remote and esoteric, even as disabling students from the practice to which they aspire."(19)

2.33 This view is not generally reflected in the reports on nursing training discussed in this chapter though all recent reports have made it clear that there is a need for nurses to have adequate and satisfactory clinical and practical experience.

2.34 Overseas studies in some cases support the view that there is merit in divorcing education from employment. The findings of the 1973 International Labour Organisation and World Health Organisation Report on the joint meeting on conditions of work and life of nursing personnel emphasised that -

> "nursing education should be given in educational institutions, and, while clinical education and practice was obviously a most important part of the education programme, they must be clearly recognised as such and not as a remedy for the shortage of nursing personnel."(20)

2.35 The Report of the Committee on Nursing in the United Kingdom emphasised strongly the value of clinical practice in the acquisition of nursing skills and stated that

---

(19) "Nurse Education - What Future?" Goals in Nursing Education report on a conference in the A.C.T. 1975 Page 6. (Centre for Continuing Education, Australian National University.)

(20) "Joint Meeting on Conditions of Work and Life of Nursing Personnel: Page 4 (International Labour Organization/World Health Organization. 1973)

> "theoretical instruction should be related step by step to the relevant practical instruction"(21)

which the Committee felt could best be achieved by a continuation of hospital based training for nurses.

2.36 The recommendation that nurses should be full-time students is one of the most commonly reiterated in the findings of official committee reports over the last decade. The New South Wales Nurses Education Board for example recommended in its report on the future development of nurse education that -

> "Student nurses be accorded student status throughout their training but with provision for their acceptance of responsibility for patient care."(22)

2.37 The same view is taken by Congalton. In his report "Focus on Nurse Education - Nurses as Students or Service Staff?" he considers that -

> "practical nursing experience is a necessary concommitant of learning nursing care but such experience would be planned as learning situations geared to meeting patient needs. Such education is possible only if nurses are primarily students."(23)

He quotes Professor A.T. Atschul (Director of Nursing, Edinburgh University) who might well be speaking of the Australian situation -

> "Over the years, committee after committee has been set up to investigate nurse training. Each one has recommended that student training needs to be separated from service needs, but no government has had the courage to do so, because of financial implications."(24)

Congalton indicated that there was widespread support in the United Kingdom for the view that student needs were different from service needs. He has suggested that with the increased cost of trainee nurse salaries it is no longer economic to employ student nurses whose 'service' time is restricted and that, in fact, a more economic policy would be to separate the student and staff roles of nurse trainees.

2.38 Syme/Townsend draw attention to a situation that applies throughout this country. They say that -

---

(21) "Report of the Committee on Nursing" Chapter IV Page 86. (Her Majesty's Stationery Office, London, 1972)

(22) Ibid, Page 9

(23), (24) "Focus on Nurse Education" Nurses as Students or Service Staff. A.A. Congalton. Section 1 Pages 3 and 5.

> "the Ramsay report reads convincingly, it seems to have been a unanimous report, it is relatively recent and no criticism yet of its recommendations has been made to us. It is therefore disappointing to record that no action has been taken on some of its important recommendations".(25)

2.39 This is not to say that there have not been improvements in the conditions of nurses over the period since the Kelly Report in 1943. Hours, wages and facilities have improved perhaps as much as a result of general trends as of specific recommendations of committees of inquiry. Teaching methods have been examined and improved. There have been changes in the theoretical component of courses, there is more integration of theory and practice, hours of theoretical instruction have been increased, and modern teaching aides utilized.

2.40 What still remains for decision is the extent to which student nurses should have full student status with education divorced from employment and whether basic nurse training should be provided in education instutions.

---

(25) Report of the Committee on Inquiry into Hospitals and Health Services in Victoria. Chapter 16, Page 97. (1975)

CHAPTER III : CURRENT ARRANGEMENTS FOR NURSE EDUCATION AND TRAINING

Basic Nurse Education and Training for Registration

3.1 Nurses are prepared in many ways for a variety of occupational categories. There are basic and post-basic courses of education for both registered nurses and nurse-aides. Basic courses are available in general nursing in all States. Basic courses in psychiatric nursing have been offered in all States, but this course has now been discontinued in South Australia. Basic education in nursing of the intellectually handicapped is offered in all States except Queensland and Western Australia where staff are prepared to provide a training program rather than a nursing program. Geriatric nursing courses are at present provided at basic level in New South Wales and Tasmania.

3.2 Most nurses train while employed in hospitals, with periods of release for study days and "blocks" and with clinical experience largely restricted to the individual hospital environment. Similar training is sometimes conducted on a regional basis with the training hospital's School of Nursing associated with a number of smaller hospitals which are used for clinical experience as in Toowoomba where the local hospital provides training for students from outback towns. Other types of regional training school have been mentioned in paragraph 1.9. In New South Wales a regional training school operates from the Newcastle Technical College with clinical experience based in eleven hospitals in the "catchment" area from which the students are recruited.

3.3 Graduates of these programs receive a certificate which is issued to those who satisfy the requirements stipulated by State authorities. The certificate as such does not confer advanced standing in courses conducted within the tertiary education system.

3.4 A small number of basic nurse education courses is conducted outside the hospital environment. Six pilot courses in basic nursing lead to the award of a Diploma. The Tertiary Education Commission restrains the proliferation of college courses and has maintained a policy of supporting only pilot courses in basic nursing of not more than three years duration which provide the student with a recognised qualification. It has taken the view that there should be uniformity in nomenclature of the qualification to avoid unnecessary inter-college difficulties.

3.5 Both the University of New South Wales, in co-operation with the Prince Henry/Prince of Wales Group of hospitals, and the University of New England, in co-operation with the Armidale and New England Hospital, the Royal North Shore Hospital, Sydney and other health agencies, introduced experimental courses for the training of general nurses. In the former scheme, students, after a short orientation to the nursing role, completed a degree over three years, having spent long vacations in clinical work, and then undertook a two year nurse training program leading to registration from the Prince Henry/Prince of Wales Group of Hospitals. In the latter scheme, students completed the first two years of the theoretical program for general nurses and gained appropriate clinical experience in the first year at the Armidale and New England Hospital, completed a degree full time over three years, then returned to complete their nurse training at the Royal North Shore Hospital, Sydney and other health agencies for a further fifteen months. It was decided to discontinue these courses at the end of 1974 and no new students entered in 1975. Three accelerated courses for university graduates are now being offered in New South Wales (see paragraph 3.13).

3.6 In each State the responsibility for maintaining a Register of qualified nurses is vested in a nurses registration authority. Each authority keeps a list of all hospitals recognised as training hospitals in the State and has responsibility for the conduct of the examination leading to the issue of certificates of registration. In all States except New South Wales graduates of the pilot college courses are automatically eligible for registration because the courses and college assessment procedures satisfy the requirements for registration. In New South Wales, students are required to sit for the Nurses Registration Board examination. There are some variations in the procedures and requirements for registration and in the detail of information in the registration rolls maintained by the Boards in each State.

New South Wales

3.7 The New South Wales Government decided in 1972 that responsibility for nurse education and training should be transferred from the Minister of Health to the Minister for Education. Two statutory boards are presently involved in nurse education. If legislative changes currently being discussed are implemented, the Nurses Registration Board will be responsible for registration and professional matters related to nursing, and the Nurses Education Board will have responsibility for the development and co-ordination of nurse education.

3.8 Basic training courses are offered in general nursing, geriatric nursing, nursing of the intellectually handicapped and psychiatric nursing. Most courses are of three years duration and are conducted in hospital training schools. There are 108 training hospitals of which 89 are general nurse training schools.

27

3.9 The minimum age for entrance to a hospital general nurse training school is 17 years and the minimum educational qualification is the School Certificate with English and Mathematics or Science and two other subjects. However, with more girls remaining at school to complete Year 12, about 51% of entrants to Nursing hold the Higher School Certificate. The Higher School Certificate will become the minimum requirement for entry to nursing from the beginning of 1980. The course in general nursing requires 1 000 hours of formal instruction during on-duty time and the hours of duty required, excluding formal studies, are 4 520.

3.10 There is one Regional School of Nursing based in the Newcastle Technical College. This College has in excess of 1 000 student nurses in attendance over the three year program. Clinical training and residential accommodation are the responsibility of a co-ordinating body, the Regional Nurse Training Council. The students undertake controlled clinical experience in Newcastle Hospitals and return to their own hospitals for work experience.

3.11 There are two colleges of advanced education providing basic nursing courses in New South Wales - the Cumberland College of Health Sciences and the Riverina College of Advanced Education. These colleges conduct three year basic courses leading to a Diploma in Applied Science (Nursing) on a pilot basis. In the Cumberland College course clinical education and practice are obtained in both hospital and community health agencies. Clinical teaching and supervision is provided by School of Nursing staff in co-operation with hospital and agency staff. Clinical experience is obtained by students as full-time employees within the hospital workforce during long vacations and in the final semester of the course. The Riverina course is offered on a sandwich format with alternative semesters at college and hospital.

3.12 During clinical semesters students are hospital employees. Graduates of these pilot courses are required to sit for the Nurses Registration Board examinations. All students may apply for assistance under the Tertiary Education Assistance Scheme.

3.13 There are three basic training courses available for university graduates and graduates from colleges of advanced education who have completed programs at UG1 level. These courses are of two years duration. Two general nursing courses are offered, one by the Royal Prince Alfred Hospital and one by the Prince Henry Hospital Group. A two year course in psychiatric nursing is offered at the North Ryde Psychiatric Centre.

Victoria

3.14 In Victoria, the education and training of nurses is under the control of the Victorian Nursing Council, a statutory body, which reports to the Minister of Health. The Council determines standards of examinations, appoints examiners, conducts examinations and approves nurse training schools.

3.15 Basic training courses are offered in general nursing, mental deficiency nursing and psychiatric nursing. Most Victorian nursing students undertake traditional hospital-based three year courses.

3.16 There are fifteen metropolitan and fourteen country hospitals operating independent general nurse training courses. There is also a regional school of nursing, the Northern District School of Nursing in Bendigo with which six hospitals are affiliated. There are ten psychiatric hospitals approved as basic psychiatric nurse training schools and five hospitals participating in nursing training for mental deficiency nurses.

3.17 The minimum age of entry to a hospital general nurse training school is 17 years and the minimum educational qualification is a pass in four subjects at the fifth form (Year 11) level. However a majority of nursing candidates now has the Higher School Certificate, i.e. has gained a pass in English and at least three other subjects at Grade D (50 - 59%), or higher level, or has completed year 12. The prescribed course includes a minimum of 1 600 hours of tuition and 3 128 hours of specified clinical experience in the three years.

3.18 There are also two pilot courses based in colleges of advanced education; one at the Lincoln Institute of Health Sciences and one at the Preston Institute of Technology. Students in these courses gain clinical experience in hospitals and other health agencies which are affiliated with the educational institution.

Queensland

3.19 The Nursing Act of 1976 authorised the maintenance of a register of general, psychiatric, midwifery and child health nurses by the Nurses Registration Board as well as the maintenance of a roll of enrolled nurses.

3.20 A Board of Nursing Studies was established under the Nurses Studies Act in 1976 to advise the Minister of Health on developments in nurse education, to recommend minimum standards in courses, to recommend entry requirements and method of student assessment and to co-ordinate nursing courses conducted within the State. The Board also has responsibility for the accreditation of nurse education programs and schools of nursing.

3.21 Basic courses leading to registration are available in general and psychiatric nursing; both courses are hospital-based with the students employed by the relevant hospital. The basic general nursing course is of three years duration, as is the psychiatric nursing course.

3.22 There are thirty-eight general nurse training hospitals of which four of the larger ones are Regional Base Schools providing theoretical study for students in regional satellite schools attached to nine smaller hospitals. Students from regional satellite hospitals spend six weeks preliminary nursing at Base Hospitals and later return to undertake 16 weeks theory and practice in each year of their training at the Base Hospital. All formal instruction is given at Base Hospitals. No specific regulations are laid down as to the organisation or range of clinical learning experiences. Two hospitals offer basic psychiatric training in a three year course.

3.23 The minimum age of entry to a hospital-based general nursing course is seventeen years. The minimum education standard is 20 points in five subjects at Grade 10 level. However, very few hospitals accept applicants with the minimum education entrance standard, as sufficient applications are being received from students who have completed their secondary education (Year 12). Mature age students, age 23 years and over, are accepted for nurse training. The general training course requires 840 hours of formal instruction during on-duty time and 4 320 hours on duty excluding theory.

3.24 As yet no advanced education course in basic nursing has been mounted in Queensland.

South Australia

3.25 The Nurses Board of South Australia has the responsibility for keeping a nurses register for general registered nurses as well as special registers for psychiatric and mental deficiency nurses and for midwives.

3.26 Basic training courses are offered in this state in general nursing and nursing of the intellectually handicapped. The length of the basic general nursing course is three years except for those trained at the Adelaide Childrens Hospital where the course is of three and a half years duration. No new students are being admitted to basic psychiatric nursing programs.

3.27 There are seventeen full time general nurse training hospitals in South Australia as well as twenty four part-time training hospitals in country areas. The country training hospitals are affiliated with major training hospitals and generally provide only the first year of the three year basic training course. Two

30

hospitals provide training in nursing of the intellectually handicapped and two have students completing their training in psychiatric nursing. The Nurses Board recommends that student nurses commencing training are 17 years of age as they are unable to register until they have reached 20 years of age. The minimum educational level at entry for general nurse training is satisfactory completion of four years of secondary schooling with suitable results in four subjects including English and a science subject. However, an increasing number of students, particularly in the metropolitan area, has completed Year 12 or has the Higher School Certificate. The formal education component of the course is 1 000 hours and the required hours on duty excluding theory are 4 520.

3.28 A basic general nurse training course has been commenced as a pilot three year program at the Sturt College of Advanced Education leading to a Diploma of Applied Science (Nursing). Matriculation (Year 12) is a pre-requisite for acceptance to this course. The students in the course make some contribution to the nursing service at the Flinders Medical Centre, particularly as part of their third year clinical experience. The first year of the course may be undertaken on a part-time basis. Some students receive scholarships from the Hospitals Department ($360.00 pa) plus guaranteed employment during the long vacation at the basic adult rate. There is no payment for the practical training period in hospitals.

Western Australia

3.29 Basic training courses are offered in general nursing and mental health nursing. These courses are of three years duration, though in the case of nurses trained at the Princess Margaret Hospital for Children an additional period of six months adult nursing is required to obtain registration. There are five basic training hospital schools and one psychiatric nursing training school in Western Australia. The minimum age of entry to training for general nursing is seventeen years, and the minimum education qualification is completion of Year 12 with passes at Grade 6 level or better in four subjects. Prior to 1978 the statutory requirement was for 750 hours of education for general nursing, but in practice up to 1 320 hours were offered. From 1978, allowance is made for 1 500 hours of study time, including a minimum of 1 000 hours for formal study and an additional maximum of 500 hours which may be spent in a supernumerary seconded capacity. In mental health nursing the three year course comprises 800 hours of theory and 400 hours of general secondment.

3.30 The largest nurse training school in Western Australia is the Western Australian School of Nursing. The basic educational program is undertaken at the School of Nursing with clinical experience available at metropolitan and country hospitals.

3.31 The Western Australian Institute of Technology currently offers a basic nurse education program of three years duration. It is designed to prepare students to work as professional nurses in any hospital or community setting, and to provide a basis for advanced study in specialized fields of nursing. The course provides a clinical and practical component of 1 800 hours in a variety of hospital and health agencies.

Tasmania

3.32 The Nurses Registration Board in Tasmania has power to issue or cancel registration certificates, to approve training institutions and conduct registration examinations.

3.33 Basic training courses are offered in general nursing, geriatric nursing, nursing of the intellectually handicapped and psychiatric nursing. These courses are of three years duration. There are twenty training hospitals. The minimum entry age to courses in general nursing is seventeen years, and the minimum education requirement, completion of four subjects at level 3 in the Higher School Certificate. The basic training course includes a minimum of 1 240 hours of formal education in "on duty" time and an additional 1 000 hours (25 weeks) of paid experience is offered while out of rostered service. At present no tertiary course in a basic general nursing is being conducted in Tasmania.

Australian Capital Territory

3.34 Training courses in general nursing are offered in the Australian Capital Territory at two hospitals.

3.35 The Canberra Hospital training school offers two courses, one of three years duration and one of two years duration. The three years program consists of an introductory course of approximately four weeks in the first segment of education followed by periods of clinical experience in the wards, with 144 study days to attend lectures in the School of Nursing. The minimum educational requirement is completion of Year 10; however, the majority of applicants have completed Year 12. The two year program covers the same content as the three year syllabus but is designed for matriculant students prepared to undertake accelerated study. Participants enjoy full student status on current rates of pay for student nurses although they are supernumerary for most of the course.

3.36 The three year hospital-based program at the Woden Valley Hospital has a minimum entry requirement of Year 12 with passes in English, Mathematics, Science and one other "academic" subject.

3.37 There is no College of Advanced Education course for basic nurse training in the Australian Capital Territory.

Northern Territory

3.38 The Northern Territory has one hospital training school at Darwin Hospital. It offers a three year hospital-based program. At present the entrance requirements are completion of the South Australian Leaving Certificate with passes in 4 subjects and a minimum age of 17 years. As from 1980 students wishing to commence nurse training will be required to have completed Year 12.

POST-BASIC COURSES

3.39 A wide range of post-basic courses is available in all states, some conducted by training hospitals and some in education institutions.

3.40 Hospital-based courses can be divided into three categories; these are - registrable courses, those for which the nursing certificate can be endorsed or recognised, and others. Details of courses available by State are given in Appendix 3. There are ten registrable post-basic level courses, nineteen courses for which the basic certificate is endorsed or the course is otherwise recognised, and sixteen non-registrable courses for which the basic certificate is not endorsed.

Registrable, Post-basic Hospital-Based Courses

3.41 General nursing for registered psychiatric nurses is available as a post-basic training course in all States. Midwifery for the registered general nurse is available in all States and the Australian Capital Territory. Psychiatric (mental health) nursing for the registered general nurse is available in all States as is child health/infant welfare nursing for the registered general nurse with midwifery certificate.

3.42 Courses in general nursing for the registered mental deficiency nurse are available in most States as are courses in mental deficiency nursing for the registered general nurse and registered psychiatric nurse.

3.43 In New South Wales and Tasmania additional courses are available in general nursing for geriatric nurses, and geriatric nursing for registered general nurses and registered psychiatric nurses. Mental deficiency (retardation) nursing for geriatric nurses is available only in New South Wales.

Post-Basic Hospital Courses for Which Certificates are Endorsed/Recognised

3.44 Intensive care nursing is available in five States and the Australian Capital Territory and paediatric nursing in four. Neo-natal nursing for the registered general nurse with midwifery certificate is offered in four states. Operating theatre nursing is available in three states. Neurosurgical/neurological nursing is available in New South Wales and Western Australia and renal and haemodialysis nursing in New South Wales and Victoria.

3.45 In New South Wales courses are offered in cardiothoracic, opthalmic, nephrology, dialysis and transplantation, geriatric and spinal injuries nursing as well as an advanced nursing course and a staff sisters inservice course.

3.46 In Victoria courses are available in communicable (infectious) diseases, plastic surgery, oncological nursing, eye, ear nose and throat nursing and gynaecological nursing.

3.47 In Western Australia a course is available in orthopaedic and spinal injuries nursing.

Post-Basic Courses Offered in Educational Institutions

3.48 Post-basic training courses are now offered by colleges of advanced education in New South Wales, Victoria, Queensland, South Australia, Western Australia and the Australian Capital Territory. Further proposals for new post-basic courses have been submitted to the Advanced Education Council by several States but it has been agreed that no new post-basic courses will be approved for Commonwealth funding until the Tertiary Education Commission has considered this report.

3.49 Diploma courses in nursing administration are available at the Cumberland College of Health Sciences (New South Wales), the Lincoln Institute of Health Sciences (Victoria) and the Queensland Institute of Technology. The course offered in New South Wales is registered by the Australian Council on Awards in Advanced Education as an Associate Diploma (UG3). The courses offered in Victoria and Queensland are registered by the Council as diploma courses (UG2).

3.50 Diploma courses in community health nursing are offered by the Cumberland College of Health Sciences, the Lincoln Institute, the Preston Institute of Technology (Victoria) the Sturt College of Advanced Education (South Australia) and the Canberra College of Advanced Education. The courses at the Cumberland College, and the Canberra College are classified at UG3 level and those at the Lincoln Institute, the Sturt College and the Preston Institute at UG2 level.

A Diploma of Applied Science (Nursing Science) is offered at the Canberra College of Advanced Education at the UG2 level as is a Diploma in Hospital Nursing and Unit Management at the Lincoln Institute.

3.51 A two year post-basic course for selected registered nurses with experience and the necessary entry requirements is offered at the Western Australian Institute of Technology. Three optional strands are available within the course - nursing administration, nurse education and clinical or community practice.

EDUCATION OF NURSE EDUCATORS

3.52 Courses offered for the training of nurse educators are examined separately from and in more detail than other post-basic nursing courses because of the importance of this particular group for the education and training of nurses. The increasing need for adequate educational preparation for nurses has caused a proportionate increase in the need for adequate and well trained nurse educators. There is, in general, a shortage of fully qualified nurse educators.

3.53 The role and functions of the educators are listed in the Handbook on Health Manpower, Part 2 as:

- planning and structuring syllabuses, curricula and course programs for nurse education;
- preparation of lessons for teaching theory and practice to students of nursing;
- planning of and participation in clinical teaching in hospital wards or in clinics;
- conducting academic assessments of students of nursing and evaluating their overall progress;
- providing counselling for students;
- maintaining records of instruction and preparing assessment reports;
- participating in professional activities, including nursing research.

3.54 In addition to the education option at the Western Australian Institute of Technology, courses in nurse education are now offered by colleges of advanced education in New South Wales, Victoria, South Australia, Queensland and the Australian Capital Territory. Provisions for the training of nurse educators are outlined below.

New South Wales

3.55 From 1949-1973 nurse educators were trained in a course leading to a Diploma of Nurse Education at the New South Wales College of Nursing and 487 graduated in that time.

3.56 Since 1974 the Cumberland College of Health Sciences has trained nurse educators who are awarded a Diploma in Nurse Education at UG3 level. By the end of 1976, 142 nurses had graduated with approximately 120 more at present in training. The Cumberland College offers both full-time and part-time courses in Nurse Education.

3.57 Since 1975 the Armidale College of Advanced Education has offered a Diploma in Nurse Education course at UG3 level on an external basis, with 165 students currently in training. This course is available to nurses resident in Australia and in Papua/New Guinea.

3.58 A course in nurse education for registered general, psychiatric and mental retardation nurses commenced at the Newcastle College of Advanced Education in second semester 1977. It is of four semesters part-time, and involves two days per week release for study purposes. It has been classified at UG3 level.

3.59 There are 684 nurse educators employed full-time in hospitals in New South Wales 20 of whom are employed part-time. 296 (43%) are qualified and 388 are unqualified.

Victoria

3.60 The College of Nursing, Australia has offered a post basic Diploma Course in Nurse Education every year since 1949. This course is now incorporated within the Lincoln Institute, is offered at UG2 level and had 206 enrolments (including overseas students) between 1975-77. Students must be qualified general or mental health nurses and have had at least two years experience as qualified nurses, including some experience with senior responsibility. The course is conducted over a period of 42 weeks and comprises 12 units of study in 33 teaching weeks plus four weeks of "block" field experience, four weeks of study leave and one week of examinations. It is also available as a part-time course over a two year period.

3.61 There are 314 nurse educators employed in hospital training schools (some part time) of whom 159 (51%) are qualified and 155 unqualified.

Queensland

3.62 The Queensland Branch of the College of Nursing, Australia, has conducted a post-basic course leading to the Diploma in Nurse Education for the past fourteen years. There were 116 graduates of this course between 1961 and 1971.

3.63 The course has been upgraded and revised and is now incorporated within the Queensland Institute of Technology (School of Health Science) as from 1978. This is, in part, an outcome of the Livingstone Committee's recommendation

> "that post-basic courses in nursing, leading to the award of graduate diploma be implemented in advanced education to meet the existing and emerging needs of the Queensland community"(1)

The new Queensland Institute of Technology course has been accredited at UG2 as a Diploma in Applied Science (Nurse Education).

3.64 There are 226 nurse educators employed in hospital schools at the present time of whom 91 (40%) are qualified and 135 unqualified.

South Australia

3.65 A nurse education course was approved by the then Commission on Advanced Education in 1974 and commenced at the Adelaide College of Advanced Education in 1975. It was transferred to the Sturt College of Advanced Education in 1977. The course averages about 25 graduates per year and is of 1.5 years full-time equivalent duration leading to a UG2 qualification. The enrolment for the course in 1977 was 24 full-time and 30 part-time; some students who are psychiatric nurses, as well as those with a general nursing back-ground, have undertaken the course. The award on completion is a Diploma of Teaching (Nurse Education) and if a further one year full-time study is undertaken this may be converted to a degree - Bachelor of Education. The pre-requisites for undertaking the course are registration as a nurse, a minimum of two years nursing experience and satisfactory performance in the tertiary education entrance tests.

---

(1) Report of Committee to Advise on Desirable Developments in Nursing Education. Chapter 1, Page 2 (Board of Advanced Education, Queensland, 1976).

3.66 There are 244 nurse educators employed in hospitals in South Australia, 108 (44%) are qualified and 136 unqualified.

Western Australia

3.67 The Western Australian Branch of the College of Nursing, Australia introduced a course for the training of nurse educators in 1972. The course was again offered in 1974. During that year however, the College of Nursing was incorporated into the Western Australian Institute of Technology and the course was replaced in 1975 by a tertiary program offered by the Department of Nursing at the Western Australian Institute of Technology. This program is more comprehensive than the previous course and is designed to extend the breadth and depth of professional knowledge of qualified nurses. Registered and experienced nurses are granted advanced standing and may complete the course in four Semesters (2 years) full-time study or equivalent part-time.

3.68 There are 118 nurse educators employed in hospital schools in Western Australia of whom 57 (48%) are qualified and 61 unqualified.

Tasmania

3.69 There are no training courses available in Tasmania for nurse educators. At present there are 47 nurse educators employed in hospital schools of whom 18 (38%) are qualified and 29 unqualified.

Australian Capital Territory

3.70 The Canberra College of Advanced Education offers a two year full-time, or part-time equivalent, post-basic course - Diploma in Applied Science (Nursing) with a major option in Nurse Education. Units in education are undertaken in the School of Teacher Education together with other students studying in general teacher education programs. Altogether about 70 students are enrolled in the diploma course some of whom will continue with an additional year to complete the Degree in Applied Science.

3.71 There are 35 nurse educators employed in hospital schools in the Australian Capital Territory of whom 21 (60%) are qualified and 14 unqualified.

Northern Territory

3.72 There are no training courses available in the Northern Territory for nurse educators. At present there are 15 nurse educators employed in hospital schools of whom 7 (47%) are qualified and 8 unqualified.

BASIC TRAINING COURSES FOR NURSE-AIDES

3.73 Nurse-aides, (referred to variously as "auxiliary" and "enrolled" nurses or "nurse-aides" and by other titles indicating a second level of nurse) are currently trained within hospitals in all States. In the nurse-aide course greater emphasis is placed on practical skills than on theory whereas in the registered nursing course both theory and its practical application have similar emphasis. The length and extent of the education and training provided for nurse-aides varies from State to State, and no instruction is given by educational institutions.

3.74 In general, the minimum entry requirement is completion of Year 9 or 10, a minimum age of 16½ years with provision also for mature age entry. Nurse-aides are registered in Victoria, Western Australia and Tasmania. They are enrolled in New South Wales, Queensland, South Australia, the Australian Capital Territory and the Northern Territory.

New South Wales

3.75 In New South Wales 211 hospitals provide training for nurse-aides. The length of the course is twelve months. The minimum age of entry is seventeen years and the minimum educational requirement is the completion of Year 8 of secondary schooling, though most applicants have a higher level of school attainment. Practical instruction is available within the work situation but in some areas the theoretical instruction is provided at a central or regional hospital. Trainees are required to complete 80 hours of theoretical instruction.

Victoria

3.76 In this state there are ten independent nurse-aide training schools and nine regional nurse training schools with which 36 hospitals are affiliated. The Melbourne Nursing Aide School is the largest regional school and is affiliated with fifteen hospitals. In all, fifty-five hospitals participate in nurse-aide training. The present course is of one year's duration. The minimum age of entry is seventeen years and the minimum education requirement is the completion of year 10 of secondary schooling. Existing programs provide a minimum of 300 hours of theoretical tuition.

3.77 With the assistance of the Nursing Aide Training Committee, a nurse-aide course for nursing personnel in mental health hospitals has been developed. This course is to be phased in over a period of three years pending introduction of the new eighteen months nurse-aide course, in which mental health nursing is included as an elective area. As soon as the eighteen months course is introduced the alternative course will be discontinued.

Queensland

3.78 Pupil nurses are trained in 72 hospitals with which twenty three other hospitals are affiliated for training purposes. Pupil nurses undertake a one year course. The minimum age of entry is 16½ years and the minimum educational attainment is completion of Year 8 although an increasing number of applicants has educational qualifications well in excess of the minimum requirement. Trainees are required to undertake a minimum of 160 hours of theoretical instruction.

South Australia

3.79 In this State there are 17 full time training hospitals and fifty two part time training hospitals which are affiliated with these or with the Gleneden School of Nursing, offering courses for the training of nurse-aides. The course is of one year's duration. The suggested minimum age of entry is sixteen years, and the minimum education requirement Year 10 standard with satisfactory results in five subjects including English and a Science subject; mature age applicants may be given a special assessment test. At the present time many applicants have educational qualifications well in excess of the minimum requirement. Students are required to undertake a minimum of 350 hours of theoretical instruction.

Western Australia

3.80 Basic training for nurse-aides is provided in 14 hospitals in Western Australia and the Western Australian School of Nursing. Basic courses are available in general and mental health nursing. The length of the course in all three areas is eighteen months. As from January 1978 the minimum educational entry requirements for nurse-aide training in Western Australia are completion of ten years of education with credit passes in two of English, Science or Social Studies and a pass in Mathematics. Allowances are made for mature age persons who lack the educational requirements but show aptitude and interest. Students are required to undertake a minimum of 360 hours of theoretical instruction.

Tasmania

3.81 Tasmania has recently introduced a two-year course for the training of nurse-aides. The course commenced with a pilot program in 1974. The entrance requirement is four years secondary schooling (Year 10) with four level two passes. Training is available in general and mental health nursing, the latter course combining mental illness and mental retardation nursing.

Students are required to undertake 570 hours of theory also 30 weeks specified clinical experience plus periods of practical experience in acute medical and surgical treatment in the two years.

Australian Capital Territory

3.82 Both hospitals in the Australian Capital Territory offer training for nurse-aides in courses of one year's duration. In general, completion of Year 10 schooling is required and the minimum entry age is seventeen years. The theoretical content of the course requires 344 hours of study distributed over the twelve months in three phases.

Northern Territory

3.83 A training course for nurse-aides was commenced in the Northern Territory in 1976. The course, conducted in the Alice Springs Hospital, is of one year's duration and has a requirement for 265 hours of theory.

Post-Basic Courses for Nurse-aides

3.84 Nurse-aides are able to undertake post-basic training courses in some States. In Victoria courses are available in maternity nursing and in operating theatre nursing. It is not the practice in this State to endorse the nurse-aide certificate on completion of these courses.

3.85 In South Australia post basic courses are available in emergency and orthopaedic nursing, geriatric, rehabilitation and psychiatric nursing. The nurse-aide certificate is endorsed on completion of the course.

3.86 In Western Australia the post-basic courses available are each of six months duration, and include maternity, operating theatre, orthopaedic and spinal injury and paediatric nursing. In all cases certificates are endorsed on completion of the course.

THE ROLE OF NURSES REGISTRATION AND EDUCATION AUTHORITIES

3.87 The registration or enrolment of nurses is the responsibility of the nurses registration authority in each State or Territory. The Register in most States has a separate division for specific qualifications, such as general nurse, midwife, mental health nurse, mental retardation nurse, mothercraft nurse, infant health nurse, geriatric nurse and nurse-aide/enrolled nurse. There is no national roll either for registered general nurses or for nurse-aides and although registered nurses from one State may register in another there is no common core curriculum across all States and the pre-requisites for entry and course content vary from State to State.

3.88 Authorities are established under Ordinances or Acts of Parliament, legislation requiring that courses of nurse education and training be regulated. The authorities are responsible for the supervision of training and instruction to be undergone and the conditions to be fulfilled by persons desirous of becoming qualified for registration. These authorities prescribe education entrance qualifications and the basic curriculum to be followed; approve institutions for the training of nurses; authorize and carry out research and consider all matters affecting the education of nurses and the practice of the nursing profession in their State with a view to maintaining ethical, technical and professional standards. In each State there is a requirement for renewal of registration or annual practising certificate.

ACCEPTABILITY OF OVERSEAS QUALIFICATIONS

3.89 Applicants with overseas qualifications are considered individually for registration.

3.90 In every State and Territory the Registration Board must be satisfied that the nurse has an adequate knowledge and understanding of the English language, and is competent to perform as a registered nurse in the branch of nursing for which registration is sought.

3.91 Registration boards have discretionary powers and adopt a flexible approach in considering overseas qualifications. If boards consider that an applicant's training (or training and experience), character and professional record, command of English, and knowledge of scientific terms and technical procedures commonly used in Australia are satisfactory, then registration is granted immediately. Each application is considered on its individual merits, although general nurses trained in Britain or New Zealand are usually accepted for immediate registration.

NURSING IN BRITAIN, SWEDEN AND THE U.S.A.

3.92 In Britain an official report in 1947 sought to impose the status of "student" on those learning to be nurses, rather than regarding them as primarily a source of labour. A reduction in the amount of domestic duties carried out by student nurses was proposed to permit a reduction in the training period to two years. The leaders of the nursing profession objected to the recommendations. Subsequent years saw a rapid expansion in the employment of ancillary staff, freeing qualified and student nurses from their more domestic chores. The Committee of Enquiry chaired by Professor Asa Briggs reported in 1972 that there was little demand for "student status" which involved the receipt of grants rather than the payment of wages. However, there was dissatisfaction with the extent to which pressure of work took precedence over educational needs, and the lack of relationship between the theory taught and concurrent work experience.

3.93 The problems mentioned in paragraph 3.92 differ greatly from one hospital to another. There are some 700-750 approved schools of nursing in hospitals of different kinds. Almost all registered nurses receive their basic nursing education in one of these. Education consists of practical instruction given on the wards plus theoretical instruction given in classrooms and laboratories. The training period continues to be three years for registration, and two years for admission to the lower category of enrolled nurse.

3.94 In recent years, undergraduate programs have been established in five universities and in a number of polytechnics. Nurses are agreed on the value of attracting more graduates into the field, whether their qualifications be in nursing or in other subjects. The Royal College of Nursing feels that graduates in other subjects would require a period of education and training as long as is necessary for school leavers. The organised profession is not in favour of a substantial transfer of responsibility for nurse education to the formal higher education system.

Sweden

3.95 The apprenticeship system of training registered nurses was abandoned in Sweden in 1965, and student nurses are no longer part of the hospital workforce. There are 39 Schools of Nursing that are independent of the hospitals, administered by County Councils and subject to the National Board of Education. They may draw on the facilities of more than one hospital.

3.96 The course leading to registration lasts for 2½ years. After a subsequent 6 months of experience, the nurse is eligible for entry to advanced courses leading to specialisation in a variety of areas. The specialist courses last for one year, and their graduates undertake many of the diagnostic and treatment tasks carried out by doctors in most other countries.

3.97 The initial educational qualifications of those admitted to nurse education are high, with about 30 per cent eligible for admission to universities. There is a tendency to integrate education of nurses with that for other health sciences, and twenty schools of nursing are housed in combined schools where up to 50 courses are offered.

3.98 There is also a training scheme for "practical nurses", a grade intermediate between registered nurses and untrained auxiliaries. The courses last for 32 weeks, and trainees are employed on the wards during training.

Completion of the course can confer credits towards further training to registered nurse level. Qualified practical nurses with satisfactory educational qualifications can be given up to one year of credit.

United States of America

3.99 Nursing practice is regulated by State laws in the United States, but voluntary accreditation of institutions at the national level is offered by the National League for Nursing. There are three separate paths of entry to the senior grades of registered nurse. They are:

(i) a three-year hospital-based diploma course

(ii) a two-year associate degree course in a community college

(iii) a four-year university degree course in nursing.

About 20 per cent of registered nurses are entering the occupation with a bachelor degree in nursing, and the remainder are about evenly divided between diploma and associate degree graduates. Hospital-based students have "student status" in that they receive educational loans, not salaries.

3.100 There are licensed practical nurses who have had one year of training to undertake routine nursing care. Admission requirements vary substantially from State to State, and are generally fixed as a means of regulating demand. There is an additional category of nurse-aides who have no formal training and no formal credentials. They perform the more menial duties. It is difficult to progress from one grade, such as the practical nurse, to the higher one. No credit is given for experience or training at the lower level.

3.101 Even within the registered nurse category, stratification exists. Those with hospital diplomas frequently have their promotion in the occupation blocked unless they can obtain their bachelor degree. No credit is given in university degree courses for experience and earlier training. The associate degree course does generally attract some credits towards a full degree. The occupational associations have placed emphasis on the acquisition of higher degrees in masters and doctoral programs. By contrast, one university closed its nursing degree program because it was considered to have too little effect on health care delivery systems.

CHAPTER IV : CURRENT SUPPLY OF NURSES AND THE FINANCING AND COSTS OF THEIR EDUCATION AND TRAINING

4.1 Perhaps the most astonishing feature of this inquiry has been the revelation of an abysmal ignorance about the total number of nurses in Australia, and about their distribution by age, sex, qualification, type of practice, and geographic location. There is no reliable information about workforce participation rates and patterns, retraining arrangements and the sources of nurses. Some nurses who are not employed do not maintain their names on registers and cannot be enumerated, while others, whether employed or not, are registered in several States.

4.2 The Ramsay Report (in 1970) criticised the lack of statistical data concerning nurses in Victoria, and the Syme/Townsend Report confirmed the inadequate data collections and analyses in the health field generally. Since those reports there has been some improvement in Victoria, due to the efforts of the Victorian Nursing Council and the Victorian Hospitals Association. Defects remain, however, particularly in respect of the compatibility of Victorian information with the meagre data available elsewhere.

4.3 A system is being developed within the Health Commission of New South Wales which will provide information for each region at regular intervals. It will show variations of approved establishments, vacancy levels, turnover and wastage rates of nursing staff. There is a serious lack of baseline data, and scarcely any information is collected and analysed on nursing staff in the private sector, including private hospitals and nursing homes.

4.4 Other States are in varying degrees of ignorance about the numbers and distribution of nurses. Little wonder that in its report on Australian health manpower in 1975, the Committee on Health Careers said:

> "The one major item which is missing in all these reviews of nursing is an adequate grasp of the factual situation in relation to personnel supply and utilisation. The best estimate for example, of how many nurses work outside the institutional sector of the health services, an estimate which settles on 10% of all active personnel, is not a well-based estimate. Nothing is known, generally or on a more local level, of employment places in all areas demanding nurse services and of the extent to which demand in various contexts is large enough to warrant personnel preparation courses other than those provided in or for the hospital, often at the hospital's expense. Clearly, factual information of the present deployment of qualified nursing personnel, whether

> in active practice or elsewhere, is germane to the development of fully considered plans on new roles and functions and on programs of personnel preparation." (1)

4.5 The Committee on Health Careers found that there was a major requirement for a survey of nurses and for a framework to be established whereby the regular compilation of such data in future could be standardised. It reported that no consideration of personnel requirements in nursing could be undertaken without such data. It recommended that:

> "as a matter of priority, a survey be undertaken of nursing personnel in Australia to identify the supply, characteristics, distribution and utilisation of nurses, and to estimate requirements." (2)

4.6 Such a survey is being undertaken at present, and will cover all States and Territories. Unfortunately, the data will not be collated and analysed before the end of 1978 and the Committee believes it should not defer its report until then. It has been found necessary, therefore, to assemble data from State health and education authorities, registration boards, professional associations, and individual researchers. The results are presented in Tables 1 - 11, Appendix 2. They should be regarded as broadly indicative only.

FINANCING NURSE EDUCATION AND TRAINING

4.7 Courses of education and training provided by public (recognised) hospitals have their operating costs financed jointly by the Commonwealth and the State. The Commonwealth and the State each meet one half of the approved net operating costs of recognised hospitals, as determined on an aggregate basis. The salaries of, and other expenditures on, student nurses, trainee nurse-aides, nurse educators, charge nurses and clinical tutors in the wards, and support staff are all eligible for inclusion in the gross operating costs of recognised hospitals, as are single items of capital expenditure not in excess of $50,000.

---

(1) (2) "Australian Health Manpower". Report of the Committee on Health Careers (Personnel and Training) to the Hospitals and Health Services Commission. Chapter 19, pages 94 and 97 (Australian Government Publishing Service, Canberra, 1975)

4.8 Where public hospitals have contracted with individuals, colleges, or regional schools to provide some or all of the theoretical instruction received by nursing students employed by those hospitals, the costs may be included in gross operating costs and become eligible for cost-sharing between Commonwealth and State Governments. This arrangement applies not only to regional schools of nursing administered by the health authorities but also to the Newcastle regional school which is conducted by a Technical College.

4.9 It should be noted that if a tertiary college were to grant an award accredited by the education authorities at UG2 or UG3 level and these were approved by the Tertiary Education Commission for funding purposes, the full costs of the course would be met by the Commonwealth Government. Students remuneration would not be provided from this source, though they may qualify for assistance under the Tertiary Education Assistance Scheme.

4.10 Capital funds for nurse training schools conducted by recognised hospitals are supplied by the State health authorities. Between 1974 and 1978 the Commonwealth allocated approximately $295 million towards the construction of new hospitals and the expansion or redevelopment of existing hospitals. The allocations were not made specifically for any particular component of the hospital systems, but were contributions to approved State-wide programs. These total programs made provision for new or expanded schools of nursing e.g. at Westmead hospital.

4.11 The Commonwealth makes no direct contribution to the costs of educating and training nurses in mental hospitals which are not recognised for cost-sharing purposes. Education in those hospitals is financed by the State governments.

4.12 All the costs of educating and training nurses in Repatriation General Hospitals are met by the Commonwealth Department of Veterans' Affairs.

4.13 There are only a few entirely independent private hospitals that conduct nurse education and training. The only subsidy generally available to those hospitals is $16 a day for each occupied bed. This is paid by the Commonwealth Government under health insurance arrangements, and is not directed towards the support of an education program. In isolated instances State Governments do provide subsidies specifically to support private hospital nurse education and training.

4.14 Limited numbers of special scholarships are available from State health authorities to assist qualified nurses who have been accepted for approved post-basic courses of education. The College of Nursing, Australia, also administers a small loans scheme for those who enrol for post-basic education.

CURRENT COSTS OF NURSE EDUCATION AND TRAINING

4.15 Not only should Governments consider the considerable costs to them of particular courses of nurse education, but also private costs to nurses and costs to be met by training hospitals and tertiary colleges, and by society in general. Bennett and Wallace in their report on "The Cost of Training Registered Nurses in Hospital - Based Schools of Nursing Compared with Colleges of Advanced Education" have shed light on the incidence of costs, and their findings are discussed in some detail in Chapter XII in connection with possible changes in the arrangements for nurse education.

4.16 The main factors responsible for variations in Government expenditures on nurse education include:

- location of particular courses at hospitals or at regional schools or at colleges;
- numbers of students enrolled each year (a factor related to the number of intakes of students and the size of each intake);
- the prescribed minimum hours of formal education, and the actual numbers of hours provided;
- the organisation of the hospital workforce in terms of the work contribution of students.

Information on these factors is fragmentary and has not been collected anywhere in readily accessible form. In particular, the aggregate number of student nurses in each year of the course in each State, the extent to which they are full-time students in each year, and the contribution of education staff in each year, have not been available. The figures now presented have been supplied by State health and education authorities as their best current estimates. They should not be regarded as precise enumerations.

4.17 In all States and Territories there is a minimum statutory prescription of the time student nurses must spend in education and training. The requirements are detailed in Chapter III. The required amount for basic general nursing students varies from State to State, and the actual practice varies between schools of nursing in any one State. One of the anomalies is best illustrated in Victoria where a minimum requirement exists for 1 600 hours of formal education, yet students are out of the rostered workforce for 2 076 hours during their course because they have 476 hours of supernumerary attachments in community, mental health and child health services.

4.18 Each State has its own industrial award covering student nurses. It prescribes salary levels and conditions of service such as leave entitlements, penalty payments, allowances and the maximum fees payable for accommodation and meals.

4.19 An analysis of costs is given in Appendix 4. It deals with the aggregate operating costs to governments of the basic education and training in hospitals of prospective general nurses. It is apparent that the basic education of nurses in hospitals is a multi-million dollar burden on the health services. Precise costing and evaluations are important and warrant the implementation of better and more uniform systems of accounts than exist now. Bennett and Wallace confirm this view, based on their detailed study; they concluded that it was unlikely that hospitals had a precise knowledge of, or control over, the costs they incur as a result of operating their Schools of Nursing.

CHAPTER V : PROBLEMS RELATED TO HOSPITAL BASED NURSE EDUCATION AND TRAINING

5.1 In the debate on the education and training of nurses it is often stated that there is something inherently wrong with hospital-based training. Matters brought to notice during the current inquiry are summarised in this chapter. They are perceived as problems by a majority of those who presented material. Their presentation here should not be taken as an indication that the problems could not be remedied in hospital schools of nursing. Such issues are further considered in Chapter X.

Lack of Correlation

5.2 Classroom teaching and clinical teaching are frequently divorced. Nurse educators invariably teach only in the classroom and rely on ward staff to give some instruction in the clinical setting. Where clinical instructors are not employed or not available, students may not receive adequate guidance in the practical application of their knowledge. This is especially the case during busy periods, in emergency situations, and on night duty. Where clinical instructors are employed, they are based in the hospital wards and their teaching is usually limited to "practical procedures".

5.3 The theory taught to students and the practical work expected of them are often unrelated. They may be expected to provide nursing services beyond their level of training and often have responsibility for observing and reporting complications and abnormalities without understanding what they are supposed to be observing. Examples were given of nurses in their first year of training being placed on night duty in medical and surgical wards where supervision involved a visit from a registered nurse at intervals of an hour or more. Student nurses have been left alone in intensive care units during meal breaks.

5.4 First-year student nurses may be sent to work in casualty departments, or in neurosurgery units on night duty before they have had instruction in the related fields of knowledge. They may be asked to undertake procedures in other units before they have had appropriate practical training.

Inadequate Preparation for Stresses of Work

5.5 Student nurses are not properly prepared to cope with the strange and often traumatic situations they have to face in the wards. "How does a 17-year old first year student nurse, straight out of school, cope with an aggressive alcoholic or a person dying or a mutilated patient?"

5.6 Part of the problem is that many hospital-based programs are characterised by insufficient instruction in basic biological and behavioural science. Where there is some appreciation of the need to equip nurses to respond professionally in crisis situations, the response has been to add to an already crowded curriculum some didactic material labelled "psychology for nurses" or "sociology in nursing". Little of this is properly integrated into the rest of the education program.

"Cramming"

5.7 Nursing theory is taught in the classroom, in "blocks" of 3 to 8 weeks, often unsupported by any practical work during those times. A very heavy study load is imposed but little study time is arranged. Students have to make their own study time in the evenings or at weekends. Examinations are held at the end of study "blocks". Because of the large amount of material to be assimilated, and the lack of private study time, students learn by rote to pass their examinations. These concentrated blocks are considered by some students and teachers to be not stimulating but exhausting.

5.8 The theoretical component is improperly understood in such circumstances. To make matters worse the student is allocated to ward duty after each study "block" - sometimes not even to a ward that is related to the previous period of teaching. A heavy workload makes it difficult to study and consolidate what has been learned in the previous study "block".

Lack of Qualified Nurse Educators

5.9 There is a lack of properly trained teaching staff. The proportion of tutors with appropriate qualifications (such as a Diploma in Nurse Education) is not very high. In some hospitals the entire tutoring staff is without appropriate nurse education qualifications. Details concerning nurse educators employed in hospital schools of nursing are to be found in Table 6, Appendix 2.

5.10 It was generally claimed an appropriate rate of nurse educators to students is 1:20. Most hospitals fall below this standard. Even where there is considerable understaffing in hospital schools of nursing, vacancies take a very long time to be filled. Clinical teaching was said to require ratios of 1 to 8 students, a proportion seldom attained.

5.11 We have been told that funds are inadequate for the employment and payment of specialist lecturers. Nurse educators may themselves have to take responsibility for teaching material with which they are unfamiliar, or they may have to seek help on a haphazard voluntary basis from interested specialists.

5.12 Although there are many notable exceptions, teaching facilities are lacking in one or more respects in many hospital schools of nursing. Defects reported included shortages of library materials and reading facilities, poor audio-visual aids and inadequate laboratory opportunities. These deficiencies lower the morale of nurse educators and the quality of their teaching.

Priority of Service Needs and Task Orientation

5.13 The student nurse in hospital-based training is primarily a provider of services, with the education process being a secondary consideration. Student nurses have to care for many acutely ill patients in hospitals in which the ratio of trained staff to learners is so low that supervision and teaching are very difficult. Student nurses are keenly aware of the way in which the insistent demands of service preclude effective teaching in the ward. They also resent haphazard clinical placements in response to service needs rather than educational requirements.

5.14 We have received very strong evidence that the preparation received is usually geared to acute hospital nursing, and is often institution-oriented and too heavily disease-centred. Because the service needs of the hospital are given priority, many student nurses have insufficient non-hospital practice. The typical day feels too long, students feel there is too little time for "real care" and questions and discussion are often unwelcome.

5.15 Because students carry a workload immediately after completing their preliminary training "block" the orientation of their training right from the beginning is towards the performance of tasks. The work of the wards can most easily be completed by beginners with a minimum amount of supervision when specific component tasks required for care are assigned on the basis of previous training in routine methods. The teaching of principles becomes secondary to specific hospital procedures as set out in a ward procedure manual.

5.16 Task-oriented nursing practice and training emphasise technical and physical aspects of care. The students are asked to "make these beds, administer these medications, do those dressings, attend to the flashing lights and ringing bells, and observe the machine tracings". Caring for persons, the basis of the career on which they are embarked, is sometimes lost among the welter of isolated tasks. Task-centred nursing is said to produce boredom, reduce initiative and diminish awareness of patient needs. Much of the frustration experienced by student nurses is said to arise from a production-line concept of care. The nurse does not care for a group of patients as individuals, but she performs the repetitive tasks that she has been assigned so that patients are seen in terms of a series of functions.

Lack of a Budget for Nurse Education

5.17 The funding of nurse education is included in the general funding of the hospital, and there is direct competition for funds between nursing service and nurse education in each hospital. Where nurse education cannot have its needs independently considered, the competing needs of nursing service are held in higher priority by those who control both.

Wide Differences in Standards

5.18 The length and content of courses vary widely between States and within States. In some smaller hospital schools of nursing, several specialised disciplines are not available for clinical experience, for example, in ophthalmology, paediatric surgery, dermatology, thoracic surgery and orthopaedics. Some of these smaller hospitals lack specialist direction in intensive care and casualty departments and, consequently, clinical training for student nurses is hampered. On the other hand, the Partridge Report on Post-Secondary Education in Victoria comments on an insufficient range of experience in major hospitals which show an increasing tendency to specialise in a narrow range of diseases.

5.19 Students from hospitals that are unable to provide training and experience in some fields of nursing are at a disadvantage when seeking employment. Nurses employed in several areas including community hospitals, country hospitals and in the defence forces must have had experience in every type of basic nursing to be regarded as valuable members of the health team. Similarly an increasing number of Australian trained nurses are unable to obtain immediate recognition of qualifications in countries where previously such qualifications were recognised, because of lack of particular fields of experience in their training.

Lack of Socialisation

5.20 We heard several claims that student nurses are deprived of the advantages of mixing with students from other disciplines. There could be general educational advantages from exchanges and opportunities in multidisciplinary settings. Another view is that the various health care students have every opportunity to interrelate in the hospitals that train nurses. However, there is a traditional hierarchical structure in the hospital which makes most student nurses unwilling to question authority. The result is a perpetuation of traditional behaviour and of the intolerance of many nurses for "difference, divergent thinking, assertiveness, debate, critical analysis, innovation and change".

Lack of Education Credit for Hospital Certificate

5.21 The hospital certificate confers little more credit than does mature age by itself in the tertiary education field. It does not entitle holders to advanced standing in colleges or universities conducting undergraduate courses, and it does not confer any advantages in recognised postgraduate tertiary courses. That this state of affairs may not be unreasonable is borne out by experience in that it has been found that when nurses attempt postgraduate study, lack of an adequate education base has been a problem.

Quality of Nursing Care

5.22 The Committee heard a large number of assertions about the alleged unsatisfactory quality of the nursing care provided by the products of current systems of education and training. Very little evidence was submitted to back up the assertions. It seems that because of the problems outlined in earlier paragraphs of this chapter, it is assumed by many that the quality of care given must be bad. In some instances, mention was made of "incident reports" which are kept in many hospitals to record such happenings as patients falling out of bed, slipping on the floor, scalding themselves etc. Several nursing administrators asserted that there was abundant evidence of poor quality care, but they were not prepared to document this evidence for fear of "the consequences".

5.23 There was no evidence given that nurses who had received 1 600 hours of formal education provided better nursing care than those who had received only 1 000 hours or 840 hours. This does not mean that one method may not be better than another; it is yet another reflection on the paucity of data and evaluation in the whole field of nurse education. A single study has been undertaken on the performance of the first eleven graduates from the Diploma in Nursing course of the Lincoln Institute of Health Sciences. With its limitations of sample size this study is not a sufficient basis for the development of long range plans related to the effects of nurse education on nursing practice.

Wastage

5.24 Evidence was given to suggest that those who begin courses of education to become nurses are enthusiastic enough to achieve adequate standards of practice despite the poor system of education and training. It was suggested that, in addition to many other causes, those who have their initiative and enthusiasm destroyed by the system drop out during their training, thus wasting resources. Wastage rates have fallen recently, due partly to economic circumstances which make alternative employment hard to get, and partly to some improvement in the quality and style of hospital-based nurse education.

CHAPTER VI : TRENDS AND EXPECTATIONS

6.1 Recent decades have seen rapid advances in diagnostic techniques, surgical procedures, and methods of treatment. Some of the more specialised knowledge is acquired through post-basic training; nevertheless basically qualified hospital nurses are today expected to have a broad range of knowledge and skills which cover a number of areas including related technology and behavioural sciences. They need skills in the use of modern equipment and ability to co-ordinate the contributions of a diverse range of ward personnel. Deficiencies in any aspect of their activities may have harmful consequences. The expansion of knowledge and skills accounts for much of the extension in curriculum content and consequent increases in the hours of instruction.

6.2 At the same time, community expectations have risen in regard to the capacity of modern medicine to cure or relieve disease, discomfort and disability. Demands for the investigation and treatment of these conditions continue to expand as medicine finds new things to do and is prepared to do them to larger ranges of patients. These developments tend to be associated with hospital care and it is likely, therefore, that hospitals will continue to require a high proportion of nurses trained in the future, and that they will expect these nurses to have been trained to meet their needs.

6.3 A growing, but still comparatively small, group of health workers, researchers and teachers proclaims that there continues to be a disproportionate emphasis on "acute care". Many disorders do not need care of this kind. Those of a less obvious nature can be alleviated if staff are able to recognise early signs of problems and take action to solve them. Properly organised community health services and adequate liaison between hospital and community health service staff can help to prevent breakdown and reduce disability.

6.4 The predominant medical problems are those determined before birth, mental disorders, and the diseases and disabilities associated with ageing. As gains are made in these areas, it is anticipated that the disabilities which remain will become increasingly intractable. Handling of these problems has been very much anchored to the bed. The total provision in general hospitals, mental hospitals and nursing homes of about 12 beds per 1 000 of population, is generous by any standards and demands large numbers of nurses.

6.5 Rapid growth in costs of these staff-intensive facilities is likely to force health authorities to seek less expensive alternatives to institutional care. Rehabilitation, the social adaptation of chronically disabled persons and their maintenance in the community outside of institutions are likely to receive encouragement. Teamwork is a prominent feature of the professional task in such circumstances and nurses can be expected to become important members of rehabilitation and community health teams. Their modus operandi will differ significantly from that of the institutional nurse, but it is unlikely that they will comprise a large proportion of all nurses. Nevertheless it seems clear that all nurses should have a basic understanding of these aspects of nursing, for two reasons:

- some will go on to specialise in these fields, often after post basic education;
- there is likely to be a growing relationship between institutional care and the health and welfare services in the community at large;

6.6 Although biological factors associated with ageing are responsible for the most common causes of death in adults (heart disease, cancer and strokes) there are associated factors that could be influenced. Cigarette smoking, incorrect eating habits and lack of exercise are considered to contribute to cardiovascular disease, chronic bronchitis and its complications, and to lung cancer. It can be expected that the nurse will increasingly be found in an education role which will place emphasis on methods of modifying these harmful behaviours. The same could be said of external violence (accidents, homicide and suicide) which is the main cause of death in children and young adults.

6.7 Nurses are likely to need preparation, as well, for expanding roles in:

- the better provision and better use of ante-natal care, especially among groups with unsatisfactory perinatal and infant mortality rates;
- the promotion of improved child rearing practices;
- the intervention now known to be essential in those cases that would otherwise result in severe psychological disturbance;

- the modification of social and environmental factors that harm people at their work and in their homes;
- the detection and referral to appropriate agencies of those at risk, such as the isolated elderly, the increasingly heavy drinker, or the adolescent in conflict.

Again, while some nurses will specialise in one or more of these areas of care and will receive appropriate specialised training, all nurses have opportunities to influence the behaviour of those with whom they have professional contact, and should have some training to exploit the opportunities that arise in whatever work situation they find themselves.

6.8 Quite apart from the impact on the educational process of trends and expectations in relation to nursing service, there are also expectations in relation to the educational process itself. Viewpoints diverge from a strictly prescribed form of education to one in which students are motivated to learn for themselves. Given the particular needs of student nurses, it can be expected that a compromise between these two approaches will be needed.

6.9 The students themselves are looking for a sound basic education in nursing which can attract educational credit when further tertiary level study is attempted. Most do seek a more active association of student nurses with other students, both in academic activities including planned clinical and field experiences and social activities. However, not all are agreed that this can be achieved only in multi-disciplinary colleges. Some students are reluctant to forego their present hospital based system of education because they wish to maintain their levels of remuneration. Others are more concerned about being able to undertake a practical rather than a theoretical course. At the same time, most students seek a closer approximation to campus patterns through shorter periods of contact in classrooms, more teaching of biological and behavioural sciences, some of it in multi-disciplinary classes, more study time, a closer relationship of work to current instruction, and more opportunity to pursue special interests.

CHAPTER VII : NURSING ROLES AND FUNCTIONS

7.1 Nursing can be regarded as a careeer that consists of the observation, care, treatment and counselling of the sick, injured and infirm, and the prevention of illness or maintenance of health of others. While these functions are often carried out in co-operation with persons in other health-related careers, nurses are closer to patients than are others. Because of this special relationship, comprehensive and continuous oversight of care is a central role of the nurse who has the special responsibility of ensuring the right services to the patient at the right times.

7.2 Nursing is performed at professional (or registered nurse) and at sub-professional levels. Those in the sub-professional category are known as auxiliary nurses, nurse-aides, or enrolled nurses. The functions of the registered nurse range from those simple ones based on common knowledge, through intermediate ones requiring skills obtainable by training in techniques, to complex functions requiring expert skill and judgement.

7.3 The registered nurse is required to -

(i) plan, implement and evaluate the nursing care appropriate to the nursing needs of individuals;

(ii) accept individual responsbility and accountability for nursing practice;

(iii) function interdependently with other health professionals;

(iv) communicate effectively with patients or clients, their families, and other members of health teams;

(v) appreciate the place of research in nursing practice and participate in nursing research projects;

(vi) undertake continuing education.

7.4 Nursing activities extend into many different health care areas, such as:

(i) in general and psychiatric hospitals, where the nurses are involved in activities varying from basic physical care to complex technical procedures;

(ii) in nursing homes, where activities range from simple general care to activation and rehabilitation of patients of all ages with chronic physical or mental illness;

(iii) in domiciliary care, where nurses provide basic nursing, family and patient support, continuing rehabilitation, education in self-care and health education;

(iv) in child health services, where nurses advise parents on how to keep their children physically and mentally healthy, undertake routine examinations, make early assessments of abnormalities and ensure the co-ordination of medical, social and educational services;

(v) in schools, where the nurses undertake health education, routine screening of children for abnormalities and the referral of problems to appropriate sources of treatment;

(vi) in remote areas, where nurses have to act independently and take responsibility for diagnosis, treatment, midwifery and minor surgery as well as general nursing care.

(vii) in industry, where nurses undertake pre-employment health assessments, advise on occupational health and safety, assess injuries and illnesses and treat or refer to appropriate sources of treatment and counsel those who perceive themselves in need of help.

7.5 Nurses also have specific functions in management, nurse education and nursing research. The management role includes:

(i) organisation of the work load in nursing areas;

(ii) supervision of junior staff involved in patient care and supervision of their upkeep of the service facilities;

(iii) planning and evaluation of nursing services;

(iv) ensuring the provision and co-ordination of technical, domestic and clerical activities that affect patient care.

7.6 Teaching is an important feature of nursing. Apart from teaching self care to patients and their families, nurses carry out day-to-day on the job training of peers and subordinates. Less experienced nurses are taught by the more experienced; and supervisory staff arrange for nurses to acquire the knowledge and skills necessary for the maintenance of efficiency.

7.7 Appendix 5 gives a diagrammatic representation of the cycle of steps that make up the nursing process. It shows nursing to be a dynamic process in which there is continual cyclic movement and constant opportunities for re-evaluation of past action.

7.8 Nurse-aides (auxiliary nurses) work under the supervision of registered nurses (professional nurses). Their roles and functions are complementary, and subordinate, to those of registered (professional) nurses.

7.9 The modern nurse, like the doctor is faced with a problem that is becoming increasingly important with technological development and general education. This is the dual demand that health personnel should be technically competent and at the same time compassionate and caring. In particular, it is expected of a nurse that she will retain those caring skills which have always characterised her role and function. It is no longer enough, however, for the conern and care for people to be purely intuitive. Increasingly sophisticated patients will respond best to the concern and empathy that are based on a proper understanding of human behaviour. The development of the necessary skills requires a more scholarly approach to the education of nurses.

CHAPTER VIII : BASIS FOR FUTURE NURSE PREPARATION

8.1 Wherever basic nurse education and training may take place, certain general aims and objectives should underpin the development of courses. Patients and their families must feel confidence in the skill and responsibility of nurses providing them with care, and this can only be achieved when the education of nurses is relevant to their tasks. In the light of the nature of current health problems, the expectations of the community, hospital personnel and of students, and the roles and functions of nurses, some principles can be derived. If we do not have clear objectives, if we can not say what we expect the students to do on graduation, their education will be less than satisfactory.

8.2 The most important principle could be regarded as a statement of the obvious, namely, that the proper role of the registered nurse is the delivery of nursing care. Basic education and training should prepare practitioners capable of functioning effectively in first level positions in any health care setting. They should be eligible for registration in all States and Territories on completion of their preparation. In the light of the nursing roles and functions set out in paragraph 7.4, it would be desirable if on first registration, after completion of their basic education, they work as "generalist" nurses under supervision of more experienced nurses or other appropriate health workers until experience and further study enable them to take full responsibility in an area of nursing. Nurses intending to specialize in psychiatric nursing will require additional training (see paragraph 13.5)

8.3 Until such a system is implemented, separate basic preparation could be necessary for first level positions in general nursing and mental health nursing and, in some states, in geriatric nursing and mental subnormality nursing. A nurse trained only in one of these areas may require additional education and training to prepare for a first level position in another field of basic nursing.

8.4 The Committee perceives and supports a movement towards the concept of comprehensive generalist nurses. Their preparation should include at least enough mental health and community nursing to enable them to recognise and deal with mental disorder whether isolated or concomitant with physical disease and to provide the continuity of care that is essential for many persons discharged from acute hospital care. Psychiatric nursing and community nursing are discussed elsewhere in the Report (Chapter XIII)

8.5 Student nurses should be provided with a broad background of knowledge in the biological, physical, and behavioural sciences as well as an understanding of the theoretical basis of nursing practice. Their education should provide for the integration of theory and practice in such a way that the educational experience of students is not fragmented or disrupted. To ensure full integration of theory and practice, students should be introduced to patient care at an early stage of their training.

8.6 Placements of student nurses in health care settings should aim at balanced experiences in nursing within hospitals and the community. They should obtain some practical experience in small, country or district hospitals. The placement of student nurses should be dictated by educational and experience needs rather than the service needs for staffing an area. Supervision and instruction should be provided in the whole range of clinical settings in which the student nurse is placed, including placements in the community.

8.7 The fundamental attribute that distinguishes the best professional nursing from mediocre nursing is caring. By caring is meant:

> " The development of a confident, open and confidential relationship with your patients and a continuing interest in them no matter what happens to them, spending time with them, asking questions about the way they are feeling, taking an interest in what is happending to them by way of the provision of treatment, and asking questions, if necessary, of those who are providing the curative component of their management..., and always retaining a picture of your patient as a member of a family and a member of the larger society".(1)

This is why the development of interpersonal and communication skills must be a major part of the nurses' program of education and training.

8.8 Within the framework of principles outlined in the paragraphs above, the general objective of basic nurse education and training is to develop competence to provide first level nursing care in a variety of health care settings. Nurses should be competent to assess nursing care needs and to plan, provide and evaluate nursing care for patients, their families and the community. They should:

---

(1) "To Care Always" Speech to Nurses graduating from Royal Newcastle Hospital, 1977. Page 3. Stephen Leeder, Professor of Community Medicine, University of Newcastle.

62

(i) Develop skills in problem-solving and communication. Ability to influence others through guidance, persuasion, example or direction should be demonstrable.

(ii) Develop adequate technical and practical nursing skills.

(iii) Learn how to collaborate with other nurses and with health workers from other disciplines to plan and deliver health care.

(iv) Learn how to take responsibility for self-directed activity and for self-assessment.

(v) Develop competence in planning, organising and supervising the work of others.

(vi) Develop skills in teaching in order to assist patients and clients to take responsibility for the care of themselves and their families, and in order to advance and improve nursing care by teaching less experienced colleagues and students.

(vii) Understand the value of research in nursing.

(viii) Understand how basic nursing knowledge is used as a foundation for continuing education and for advanced courses of study in specialised nursing.

8.9 A fundamental educational strategy, to which students should be exposed throughout their courses, is that of a problem-solving as distinct from a task-learning approach to nursing care. The relevant skills should be acquired progressively from the beginning of the educational program and students should become accustomed, through repeated exposure, to problem-solving in small groups that often include members of other health disciplines.

8.10 Principles should be taught and applied [illegible] the practice of nursing procedures so that the procedures are viewed as means to ends and not ends in themselves. The acquisition of factual knowledge should be regarded as desirable mainly in terms of its use by nurses in problem-solving and thereby making clear the rationale underlying practice.

Integration

8.11 The nursing curriculum should be influenced by a commitment to integration. This implies the construction and demonstration of links between the three principal elements in the structure of nurse education:

(i) nursing studies

(ii) scientific studies

(iii) behavioural studies

Equally important is the integration of theory and practice, and the integration of theoretical studies both within each term of the course and longitudinally through the course.

8.12 The core of nursing studies is the factor that should relate learning of each of the structural elements to one another. It should enable the student to apply knowledge gained from the scientific and behavioural studies to the practice of nursing. Studies should be designed to encourage the development of mature, cultured, broadly educated persons confident in their ability to apply principles to their practice of nursing.

CHAPTER IX : ISSUES INFLUENCING FUTURE NURSE PREPARATION

9.1 In paragraph 1.10 an indication was given of the pressures that have been mounted in favour of a change in the pattern of nurse education and training, and the reasons usually given for such change were summarised in paragraph 1.12. The problems outlined in Chapter V do indeed confirm that there is a need for improvement.

9.2 The unsatisfactory nature of the program offered in many hospital schools of nursing has long been recognised. Chapter VI has summarised current trends and expectations, Chapter VII outlines nursing roles and functions, and the basis for future nurse preparation is described in Chapter VIII. Many assert that the nurse education and training which would be provided on that basis, and which would overcome the shortcomings mentioned, must become the responsibility of an educational institution and not of a hospital.

9.3 There is a strength of feeling among representatives of nurses that general basic nurse education should cease to be service-based and become education-based to enable students to learn the art and science of nursing without the competing demands of prescribed service. The case in favour of a change is substantial and has been extensively documented (Chapter II). The various options for changes that should be considered are described in Chapter X. However, some logistic and financial problems that can be foreseen suggest that change should be cautious, gradual and evaluated step by step and taken forward only if justified by validation. Before considering the various options, some prior thought should be given to;

- levels of nursing
- practical experience
- recruitment and selection of students
- future supply and demand

Levels of Nursing

9.4 There are three tiers of nursing in the great majority of settings and most opinions heard were in favour of a continuation of this arrangement. The tiers consist of:

(i) Nurse-aides (known also as enrolled nurses or auxiliary nurses)

(ii) First level registered nurses (known also as first level professional nurses)

(iii) Higher level registered nurses.

9.5 Nurse-aides work under the supervision of a registered nurse. First-level registered nurses have completed basic education and training (Chapter VIII). Candidates for higher level nursing come from experienced registered nurses who may have undertaken post-basic nurse education and training in hospitals, colleges or universities at certificate, associate diploma, diploma, or degree level.

9.6 Education for the first level registered nurse is almost always at hospital certificate level in Australia. In the six pilot courses in colleges of advanced education the award is a Diploma. At the Newcastle Technical College, the award is a Certificate. Irrespective of the award, the nurses are prepared for first level nursing and not for "higher level" duties.

9.7 Some argument was heard in favour of three levels of basic nurse preparation : one level for nurse-aides, and both diploma and degree courses to prepare registered nurses. The less advanced diploma level of training would prepare nurses to provide general nursing care which would require technical skills, knowledge and aptitudes appropriate for first level nursing. The degree level education would be designed to prepare nurses for the most complex nursing care, and for organising and evaluating nursing care in leadership roles. The basic preparation of three levels of nursing personnel would have implications for the structure of nursing and for educational institutions.

9.8 Proponents of first level degree programs intend that a nucleus of nursing personnel should be developed with expertise and leadership skills in the areas of clinical practice, research, administration, education, and community nursing. They propose that degree programs should only be offered by educational institutions that provide other types of basic nursing education, and that a proportion of the total intake of student nurses should be selected for degree courses. At least one State Nurses Registration Authority supports this concept of an undergraduate degree in nursing to prepare some nurses from the outset for roles in leadership and administration. They hold that the provision of such a degree program should prove less expensive and time consuming than a bridging course from the diploma program.

9.9 Another proposal is for a diploma to be the basic qualification for a beginning registered nurse. All students would undertake the first two years of the diploma course. At the end of the second year, outstanding students would be given an opportunity to complete the degree course in another two years. All students would be eligible for state registration at the end of third year.

9.10 Others argue that a two-tiered basic preparation for professional nursing would impose an elitist structure on the occupation of nursing from the outset, with patient care or clinical practice being awarded the least status in an artificial hierarchy. In terms of recruitment, potential students would have to decide not only whether the nurse-aide level or the registered nurse level matched their aspirations, but also whether they had "leadership" potential.

9.11 These proposals for dual-level preparation for first level nursing registration seem inconsistent with the principle that basic nurse education should prepare nurses for nursing practice. If a higher investment in education is to be made on behalf of a select few who are intended for leadership roles, their nursing skills are likely to be lost to the patient or client early in their careers. The Committee is of the view that there should be only one category of comprehensive basic preparation for nursing registration. The preparation could be given in a variety of settings.

Practical Experience

9.12 Concern has been expressed in many quarters, and notably in submissions made by representatives of the medical profession and by hospital administrators, about the possibility that changes from the present hospital-based system of nurse education would involve a shift from the point of patient contact and a divorce of the training of nurses from the "workface". Associated with these considerations is a concern about the possibility of an increasing separation of the nursing and medical professions through fewer inputs by doctors into both the curriculum and teaching of student nurses and a lessening of the opportunities for close association and consequent understanding between the two groups.

9.13 These who have these concerns assert that the overseas product of "on-campus" nurse education is inferior in nursing ability to those trained "on-service". While they concede that there is a need for improvement in systematic teaching, they do not want this to increase to the detriment of "on-service" training.

9.14 Under the present system, there is frequently concentration on training in techniques to the detriment of general education. Theory and practice are, in general, poorly integrated. It is clear that all college-based programs in Australia have given recognition to the importance of experience in the clinical setting. College programs attempt to structure relevant educational experiences designed to link theory and practice. Colleges believe that the educational institution should determine what type and amount of practical experience is required, and should have responsibility for joint planning, with the nursing service administrators, of:

(i) the number of student nurses to be placed

(ii) the type of experience required of relevance to curriculum objectives

(iii) the identification of learner objectives at the time of placement

(iv) the evaluation of learner outcomes during placement.

9.15 Repeated exposure, day after day, to the same practical situation is not necessary. One nurse asked the Committee, "how many times do I have to rub a back to know how to rub a back?" The best pattern of clinical experience should be determined by applying the criterion that a given period is required to reach "competence" in each specific area to achieve set goals. This period should be determined after observation and critical analysis of the relevant factors. It should not be determined on the basis of historical precedents about a set number of weeks in particular disciplines.

Payment for Service

9.16 Nursing organisations assert that college students should be supernumerary to health and hospital service staff establishments to ensure that the established clinical component of courses is not compromised by service demands. In contrast, one head of a college school of nursing believes very strongly not only in the importance of clinical experience, but in addition, that about one-third of it should be in salaried non-supernumerary clinical workforce jobs and nurses Registration Boards have approved similar requirements. Where programs include both supernumerary clinical components and remunerated service components, they are structured and educationally integrated parts of the courses. The hospitals are dependent on nursing students for service only to the extent that the colleges have arranged in advance for a certain number of students to be undertaking a service component at a certain time.

9.17 Proponents of a paid component of clinical experience assert that the professional development of the nurse demands more than the limited opportunities which are inherent in supernumerary status, and they claim that student status and service status are not incompatible, given appropriate controls over the educational program. The major argument in favour of some employee status is that it teaches professional accountability with the

68

responsibilities allocated to the paid student; the responsibility and accountability automatically rest on the student who contracts to give service. Such paid experience confers a dimension of reality.

9.18 Other colleges of advanced education state that student nurses should be given unambiguous student status throughout their training, and they believe that provision can be made within this concept for students to accept responsibility. Sturt College demonstrates this approach. Clinical practice begins in the first term of the first year, initially for only half a day a week, and increases to four days per week in the last three terms. During first year, clinical sessions are closely supervised with one lecturer responsible for about six students. Later, the ratio of lecturers falls so that although supervision is maintained, students become increasingly responsible for their own assessment, planning, implementation and evaluation of nursing care.

9.19 Emphasis is given to independence and self-evaluation throughout the course. Clinical supervisors also discuss the nursing care given with students to moderate the students' own evaluations. The main responsibility for clinical supervision is taken by college lecturers. They liaise closely with hospital or agency staff to select suitable patients. Progression through the course leads from the provision of complete care for one patient to involvement in team nursing.

9.20 Students are taught that they are directly responsible to and answerable to the ward charge nurse for the care that they give, although this has been negotiated with and supervised by a college lecturer. As they become more competent the continued direct supervision of lecturers is withdrawn. Students become increasingly responsible for decision-making and involvement with ward staff.

9.21 Indications are that graduates from such a program are able, after an initial period of orientation to the procedures and customs of a large new teaching hospital, to function at least as competently as do nurses from that hospital's own program of student education. Their adjustment to a teaching hospital appears to be better than that of newly-qualified nurses from hospitals that are not involved in medical education.

9.22 While not being opposed on educational grounds to the concept of a paid component of practical experience, we are not convinced that it is essential for the education of a nurse. We have concluded that enough accountability and responsibility can be developed during unpaid practical experience. That being the case, we can see no more reason to offer any salaries to student nurses who may be in college programs of education than there would be to offer salaries to students in medicine or any other of the health sciences.

Recruitment and Selection of Student Nurses

9.23 Careful consideration has been given by the New South Wales Government to the adoption of the Higher School Certificate as the minimum level of entry to education for potential registered nurses, and this requirement will be introduced from the beginning of 1980. It is intended that provision will be made to accept those who have reached an equivalent educational standard by some other means and also mature age persons who do not possess the stated educational requirement but who have other qualifications and experience which would enable them to successfully undertake a nursing course. The Partridge Committee in Victoria was told in general terms that the majority of young persons now entering nurse training courses in that State had achieved a sixth form level of secondary education, and we have received similar advice in all States, especially concerning candidates in metropolitan centres.

9.24 The Royal Children's Hospital in Melbourne was reported not to require the Higher School Certificate for entry into nursing, because special skills and aptitudes were sought and consequently the net was spread more widely. This approach appeals to those who believe that selection of students should involve aptitude and attitude tests, manner and ability to relate to people. However, the Working Party established in Victoria to investigate manpower needs for nursing and allied health personnel found no evidence to show that this would lead to a better quality of graduate. There is a view that intelligent candidates, thoroughly trained in interpersonal and communication skills and provided with appropriate role models in the practical components of their education, have as good, if not a better chance, to become competent caring nurses as those selected on aptitude.

9.25 In South Australia, Bennett, Roux and Wallace have found that, for 1976, only a minority of student nurses had, or could potentially have, met the entry requirements - completion of year 12 and a certain level of attainment - for higher education, even though a majority of student nurses in recent years had completed sixth form at school. Furthermore, the drop-out rates for those with lower academic achievements were relatively high. Students with the highest educational attainments tended to enter the major city hospitals for training, while the smaller country hospitals received those at the lower end of the educational spectrum.

9.26 These findings pose a number of questions. In the first place, they need confirmation in other States by a detailed study of the educational backgrounds of entrants to nurse education. The Partridge Committee reported a distinct possibility that a minor fraction only of the students at present entering nurse education courses in Victoria would be suitable for normal higher education entry. This, and the findings of Bennett, Roux and Wallace in South Australia draw attention to the fact that completion of Year 12 of secondary education is far from synonymous with the normal standard of entry to higher education. It is necessary to know, first, whether nursing would attract adequate numbers of students with the better scholastic records to meet entry requirements of higher education; second, whether these higher requirements are needed for nursing; and third, what would be the employment prospects of those potential student nurses whose secondary education is completed below higher education entry standard. Many particularly in the country could find their opportunities severely restricted. We have been unable to obtain sufficient information to provide firm answers to any of these questions.

9.27 Preston Institute acknowledges that imposition of higher education entry requirements on all student nurses does not carry the inference that they will be the same stream of students presenting in a different way. It may mean that a different stream of students would have to be recruited to nursing. Preston, however, believes that this would bring advantages to the nursing profession and to the health care system. It also asserts that increasing proportions of school age girls are staying on at school to complete the Higher School Certificate. (It is not clear to what extent they have appropriate levels of higher education). An increasing percentage of girls presents for science subjects each year. It has also been submitted that where the statutory requirement for entry to nursing has been a pass in Year 11 of secondary schooling, some potential applicants saw no need to continue their studies beyond that point. Some of these may have successfully completed their Higher School Certificate examinations had that been a requirement for entry to nurse education. The other side of the coin is that a group of well-educated students has been identified who would only enter nursing through a tertiary program.

9.28 Confronted by so many questions and so much conjecture, the only reasonable conclusion is to repeat what was said in paragraph 9.3, namely that change should be introduced cautiously and validated step by step.

9.29 Two other comments must be made about the selection of students. One concerns the selection of students from ethnic minorities. Where hospitals or educational institutions serve communities with a high proportion of persons from particular ethnic backgrounds, special consideration should be given to this question in the selection of nursing students. Not only would this improve communication between patients and personnel in all health care settings, but it could add to the liberal education of all students.

9.30 Finally, a common portal of entry for all nursing students - potential registered nurses and potential nurse-aides - has been mooted. Because of the different nature and level of the course contents, this would require a mix of entrants of different academic achievements to a common first term of education. The problems arising would be very hard to resolve. (see paragraph 10:17).

Future Supply and Demand

9.31 The Tertiary Education Commission, in its 1978 report, points out that the main justification for expenditure on expensive training has been the community's need for skilled personnel. In some industries and professions demand no longer outruns supply, and educational planners have to re-assess apparent mismatches of supply and demand. Where a course of study provides specific skills, as in nursing, shortages or surpluses of qualified personnel can be assessed in relation to forecasts of demand or to some measure of need such as target pupil/teacher or doctor/population ratios. The education system can be expected to respond to such analyses by influencing the size of the intakes into training.

9.32 The necessary assessments in nursing are complicated by such factors as:

(i) the size of intakes into hospital based training is influenced by the hospital's requirements for service from students rather than the community's need for nurses

(ii) the wastage rates during and after training have been high but appear to be changing

(iii) the length of training courses and of the working week is changing

(iv) education participation rates are changing

Despite these difficulties, education authorities are required to make decisions on the personnel that they will prepare. They have to predict some years ahead, because the production of qualified personnel takes time and changes in the numbers of places in training programs may not have a significant effect on the workforce until many years have elapsed. Furthermore, "fine tuning" of outputs would be unrealistic and lead to instability in the education system.

9.33 There are no generally accepted criteria of need for nurses such as target nurse/population ratios. Lack of data continues to impede an adequate grasp of the factual situation in relation to personnel supply and utilisation. Demand studies tend to exaggerate shortages, particularly if based on the perceptions of hospitals with ambitions for expansion that are unlikely to be satisfied by those who make the final decisions on resource allocations.

9.34 A hospital survey in Victoria in 1976 reported a total shortage of about 1 100 nurses. Yet, attention has been drawn to nurses experiencing difficulty in finding employment in most suburban and country areas in Victoria. There are indications that supply is beginning to exceed demand for nurses in Western Australia, South Australia and New South Wales. The Nurses Registration Board of Western Australia advises nurses from elsewhere who plan to work in that State to secure employment before making travel arrangements. For the calendar year 1977, the Commonwealth Employment Service had 3 283 nurses of all kinds registered for employment, and 1 609 were placed in jobs. The greatest number, 1 192, were registered in Queensland.

9.35 At present, the levels of student nurse intakes are based on the need to service beds in each hospital, rather than on the future requirements for trained staff. Whenever formal theoretical instruction has increased, or when the number of hours of clinical experience outside the training hospital has been varied, student nurse intakes generally have increased in size to offset the reduction in time available for service. Many schools of nursing continue to base student intakes on an anticipated attrition rate during training of some 50 per cent. With the reduction of wastage recently there could be an over-supply of candidates presenting for registration. This possible over-supply could be aggravated if there be any truth in reports that increasing numbers remain active in nursing after marriage, while many who had left nursing are now returning to practice.

9.36 For purposes of this Report, wastage is defined as withdrawal from training courses and from active practice apart from loss due to death and normal age retirement. There is a notable lack of demographic data about trained nurses. There have been some local studies, for example in the Hunter Region of New South Wales where the fact that half the nursing workforce consists of students and trainee nurse-aides indicates a very high wastage rate.

9.37 Information provided to the Committee, although imprecise, suggests broad orders of magnitude and trends in wastage rates. There appear to be variations between and within States, between different training schools and between metropolitan and non-metropolitan areas. A study in 1968 found that wastage during training approached 50 per cent in many cases and that overall it was about 40 per cent. Of those nurses who did complete their courses, less than half were still active nurses five years later. There is enough evidence to suggest that improvement has been substantial. In 1977, student nurse wastage appears to have been less than 25 per cent. Registered nurses are at present remaining in the workforce for longer periods, on average for some 8 years compared to 5 years a decade earlier.

9.38 Wastage among nurse-aides has been generally higher than for the above groups. A New South Wales study of 5 training hospitals between 1967 and 1969 revealed wastage among nurse-aide trainees of 56 per cent. In 1977 there was a dramatic change with a wastage rate of 15 per cent during training, and a substantial increase in the period of employment after training.

9.39 There can be no certainty about the factors responsible for the improved wastage rates. Most informed opinions covered three principal reasons:

(i) the rapid increase in youth unemployment with reduced job opportunities for those who leave training programs without recognised skills

(ii) a tighter employment market in those professions in which females have usually predominated, e.g. welfare services and teaching

(iii) changing aspirations among women

There are probably other factors. Some evidence suggests that there has been gradual improvement in wastage rates over a decade. They may include improvements in pay and conditions of service, better selection of students, better course design and structure, and more interesting roles and functions.

9.40 What we would like to know is whether student nurses trained in higher education institutions would have significantly different wastage rates. The wastage rates in existing courses of higher education are not insignificant and vary between courses. Wallace and his colleagues think it unlikely that wastage will be reduced below a certain plateau level, but others have postulated that a change from the existing hospital-based training to college-based training will lead to a substantial reduction in wastage. Even if there is a reduction during training, there may not be an increased proportion of registered nurses still working at specified intervals after tertiary education. Because of a delayed "reality shock", Wallace thinks they may have greater post-graduation wastage rates than the hospital-based nurses.

9.41 The reduced wastage rates throughout Australia have resulted in health authorities agreeing that action should be taken to marginally reduce the sizes of student nurse intakes. Only very small reductions have in fact taken place.

9.42 On the basis of assumptions and calculations they made, the Swanson Committee in Victoria (February, 1978), came to the conclusion that the immediate objective in planning general nurse education should be to maintain the total intake of student nurses at present levels. Similarly, they recommended no increase in the number of trainee nurse-aides except in mental health institutions. In the absence of better evidence, we believe that similar planning objectives for all States would be the proper assumption to make.

9.43 Higher education may have effects on the supply of nurses that would require careful consideration if present levels of output have to be maintained. If higher education has to compete for students with hospital-based programs, the number of acceptances from large numbers of qualified applicants could be affected by differences in student support because of the salaries paid in hospital programs. There have been substantial wastage rates among those accepted into New South Wales college programs, sometimes attributed to the lack of financial backing for college students. On the other hand, if higher education courses were to result in major decreases in wastage rates, the number of students required in higher education could be less than present numbers trained in existing hospital-based courses.

9.44 Bennett and Wallace have argued that if all registered nurse training were to move fully into colleges there would have to be more students in training than there are at present. This is because the absolute and relative numbers of registered nurses in the workforce will be greater than now to the extent that they may replace students. To sustain a larger group of registered nurses will require a larger intake of student nurses. This situation would produce problems because of the difficulty of finding enough potential candidates who could satisfy college entry standards.

9.45 If a decision were taken to phase registered nurse education into colleges, subject to progressive evaluation of the scheme, a dual system of training registered nurses would persist for many years. This situation is likely to produce its own problems. Even if future numbers of educationally qualified candidates were known, their responses to the two alternatives would be uncertain. At one extreme are the potential nurses who will only undertake nurse training if it is in higher education institutions. At the other extreme there are students who will enter nurse training only by way of salaried hospital-based courses.

9.46 Higher education institutions may not be able to fill the places available if they expanded faster than the rate of growth in numbers of those potential students who would meet the academic standards required for college study and who at the same time would prefer higher education-based to hospital-based education. If hospitals had their intakes reduced in order to divert applicants to higher education courses, they might well react by giving preference to applicants with higher academic qualifications, thus eliminating more of those with lower academic ability and not necessarily increasing the pool of students seeking higher education courses.

9.47 Two other options have been postulated. One would be to reduce the number of positions for registered nurses progressively as all of their education is transferred to colleges over, say, five to ten years. At the same time, the nurse-aide workforce could be increased. More direct care would be given by nurse-aides, and registered nurses would assume supervisory roles only. This conflicts with the principle that direct nursing care is the proper role of the registered nurse and it may result in a decline in the standards of care.

9.48 The other option would be to alter the status of hospital-based students during the period of change-over to college education. They could be given student status without payment during the time that they are receiving formal education or working in a supernumerary capacity, i.e. for periods varying between 840 and 2000 hours during a three-year program. While this might result in larger numbers of academically qualified students seeking college entry, there can be no certainty that it would not be resisted successfully on industrial grounds.

9.49 In summary, there are uncertainties about future requirements for nursing personnel, about the effects on the numbers and make-up of students that could be generated by a transfer of nurse education from hospitals to colleges and about potential industrial issues that could be associated with such a change. The implication, again, is that there is scope for no more than a cautious step-by-step approach. It should be made quite clear that no single change should be regarded as a bridgehead on which to establish subsequent moves in the same direction without rigorous evaluation.

9.50 Meanwhile there is a clear need for better statistical and other factual data about nurses. These are essential for manpower planning. A data system is required that traces the career patterns of registered nurses so that their career development can be understood. Manpower planning is always difficult but it should not be impeded by an almost total lack of knowledge and demographic data about the careers under consideration.

CHAPTER X : OPTIONS FOR IMPROVING NURSE EDUCATION AND TRAINING

10.1 The preparation of nurses remains one of the major areas of vocational education in Australia which has not been integrated with the general post-secondary education system except for six pilot courses in colleges of advanced education and one large regional school conducted by a technical college. There are some 22 500 students in basic training for registration as general nurses in hospital schools of nursing, a further 1 086 are studying at Newcastle Technical College and 461 are in the college of advanced education programs: in all, about 24 000 students. In addition, there are over 3 000 students in basic training programs in Geriatric, Psychiatric and Mental Retardation Nursing. Details of these are given in Appendix 2, Table 4.

10.2 There would appear to be no reason in principle why the preparation of nurses should be carried out in a different system from that of other health personnel. However, there are major obstacles to the general transfer of basic nurse education to the education system. These have been detailed in previous chapters, and costs will be estimated in Chapter XII. There is also another factor that cannot be overlooked. Many small hospitals would be reluctant to give up their nurse training function; it is considered to be a matter of prestige to be recognised as a nurse training school. The local program of education and training also provides an avenue of employment for school leavers of country towns.

10.3 More importantly, perhaps, no large-scale survey of nurses has been conducted on this specific issue. All of the nurse organisations support the proposal, some with reservations. Also, several well-attended workshop discussions have confirmed support for the change, again with some reservations. That still leaves some uncertainty about the views of the rank and file among nurses and students. Certainly, students interviewed by the Committee were not unanimous about entry into colleges no matter how vocal they may have been about the need for improvement.

10.4 The most publicised policy statement from nursing organisations is the April, 1976, document on "Goals in Nursing Education". It states that:

> "The nurses of Australia believe that ....
> education programs for professional nurses
> should be conducted by multi-discipline
> education institutions at a level not less
> than a tertiary level diploma (UG2)"1

10.5 Much of the current dilemma stems from misunderstandings of that policy statement. Its major focus is on a level and depth of education, not on the diploma. It used the diploma only to describe a desirable level of education in the absence of any other yardstick.

10.6 The nomenclature and guidelines for awards in advanced education have been issued by the Australian Council on Awards in Advanced Education. They have this to say about the two levels of tertiary award that have been suggested most frequently as being appropriate for the training of nurses:

> Category UG2 - Diploma Awards:
> "Courses leading to awards in this category will usually require a minimum of three years' full-time tertiary study or its equivalent. In many instances, these courses lead to professional recognition.
>
> Compared with first degree courses, it is expected that courses leading to UG2 diploma awards will include one or more of the following characteristics:
>
> > The depth of treatment of strands, both major and supplementary, may be less overall, or in individual subjects, than would be expected of a course leading to the award of a degree.
> >
> > The course may be characterised by more emphasis on the acquisition of skills essential for the practice of a vocation and less on the theoretical content required for a degree.
> >
> > The course may be one offered at a lower level in the same general areas as one for which a degree qualification has been established."

---

(1) "Goals in nursing education" - Policy statements of the Royal Australian Nursing Federation, College of Nursing Australia, National Florence Nightingale Committee of Australia, New South Wales College of Nursing, April 1976.

Category UG3 - Associate Diploma Awards have the following guidelines:

> Courses leading to awards in this category will usually require a minimum of two years' full-time tertiary study or its equivalent.
>
> Compared with UG2 diploma courses, it is expected that courses in this category:
>
>> may treat a relatively restricted area of knowledge in some depth;
>>
>> OR
>>
>> may be characterised by a greater emphasis on the development of skills and less on the theoretical content required for a category UG2 diploma."2

10.7 An alternative award is the Technical and Further Education certificate. This award is granted on completion of middle-level courses which involve an education and training sufficient to enable students to understand the reasons for and the purposes of the vocational operations which they carry out. Such courses are of no less than two years' full-time or its equivalent part-time and provide vocational training for technicians and other para-professional personnel, such as supervisors in commerce, industry and government and skilled paramedical staff, as well as skill training in the arts and crafts.

10.8 Many complaints were heard about the fact that nurses who have graduated from hospital schools find that registration does not confer tertiary status on the education and training they have undertaken, no matter how rigorous or demanding it may have been. The hospital schools do not have tertiary standing and do not offer a recognised tertiary award at any level. The New South Wales Government has declared its support for an exploration of the possibility that a student who has completed a course of nurse education at one of the lower academic levels be enabled to transfer with advanced standing into higher level courses. This is a matter of fundamental importance. We believe that programs should be made available which offer a logical sequence from basic to post-graduate levels, and provide opportunities to progressively upgrade a qualification.

---

(2) Australian Council on Awards in Advanced Education - Fifth Annual Report 1976, Appendix 4, Pages 132, 133. (Australian Government Publishing Service, Canberra. 1977).

10.9 In the light of comment in 10.5, and provided that opportunities for progression are established, we draw particular attention to the following extract from the New South Wales policy statement on nurse education.

> "... there should be a plurality of opportunities whereby preparation may be undertaken for registration as a nurse. Such preparation may be full-time or part-time (or a combination of both) and undertaken in a diversity of teaching environments (universities, colleges, hospital schools and regional schools serving groups of hospitals).
>
> The emerging community college development in regional centres ought also to have a significant part to play."3

10.10 The key element in such a policy is that the approved curriculum and syllabus should ensure that a desirable level of education is provided, no matter where it is given. That level should admit all who complete it satisfactorily to the status of first level registered nurse.

10.11 The New South Wales Higher Education Board, and some co-ordinating authorities in other States, believe that the goal of improving the quality of basic nurse education can be achieved most effectively if it is brought within the general ambit of tertiary education. The New South Wales Board is committed to

> "an exploration of all the ways in which the resources of tertiary institutions can be utilised without necessarily incurring the prohibitive cost of transferring the training of all nurses to UG2 courses in CAE's immediately".(4)

There is no doubt that much can be done short of this last step.

10.12 Because many of the resources of tertiary institutions are in the technical and further education (TAFE) sector, and because of advances in this sector, it will come into consideration. TAFE seeks to offer the widest possible choice of programs according to the needs of persons for

---

(3) Nurse Education. New South Wales Government Policies. Page 2. June 1977.

(4) New South Wales Higher Education Board "Policy Statement on Nurse Education" for submission to the Commonwealth Committee of Inquiry into Nurse Education and Training", Page 1.

post-secondary education. TAFE courses are available in places where access to a university or college of advanced education is not practicable and in some cases cover the same areas of study as advanced education courses. TAFE aims to achieve intellectual development as well as to teach skills. Its main focus is vocational, and its capacity is being improved and enlarged considerably. It provides courses to people with a wide variety of educational background, including some who have completed a full secondary education and some who are graduates of other tertiary institutions. Forty per cent of all enrolments are in studies with a scientific or technological orientation.

10.13 The Committee is aware that serious consideration has been given to a number of approaches which allow for some commonality of training between nurses, nurse-aides and "allied health professionals".

10.14 The first of these is the common portal of entry advocated in Britain by the Briggs Committee and referred to in paragraph 9.30. Under this plan, students would move out of the training program at different stages of the course to become nurse-aides or registered nurses.

10.15 A related concept that has been put to the Committee is that of a common baseline for all recruits to the "allied health professions" by way of an initial period of essentially practical nurse training. The suggestion was that all personnel in these occupations would train together in their first year. Thereafter, they could go on to train as registered nurses, occupational therapists, physiotherapists, podiatrists, radiographers and in other health occupations. More advanced training in particular occupations would be available to those who prove suitable and are capable of assuming increased responsibility.

10.16 The common first year approach differs somewhat from the concept of a core curriculum which runs through all or most of the studies of undergraduates in different health occupations. This concept is based on the assumption that there is a core of studies which is common to all the health occupations.

10.17 We have concluded that these approaches present practical difficulties for a number of reasons. The common portal of entry is not recommended because nurse-aides and registered nurses have different roles from the beginning of their education which demand different educational entry levels and a different depth and emphasis of content. The common baseline program would be extremely difficult to implement, though it is worthy of further study by the relevant professional organisations and educational authorities.

10.18 As far as the core curriculum is concerned, there is scope for a common strand of studies concerned with understanding the dynamics and function of health teams, but the approach may be incompatible with the reality of the separate skills identified and espoused by each profession. There is no support for extensive core studies and the matter should not be forced.

Improvements in Hospital Based Education of Nurses

10.19 The Western Australian School of Nursing demonstrates that hospital based nursing training can be conducted efficiently and there are many other hospital based schools of a similar high standard. Where deficiencies do exist, improvements can be made forthwith and certainly should not be delayed pending resolution of the argument that all nurse education should be moved out of hospital-based schools. Of major importance is the recognition of the learner status of the student nurse. In reviewing her role as the responsible provider of patient care, consideration should be given both to her personal and professional development and to the well-being of the patient.

10.20 Even though it could be said the Committee should not concern itself with matters that are entirely the responsibility of the States, the view has been taken that comment is justified for two reasons. First, an impressive volume of evidence has been taken and the community should not be deprived of its analysis. Secondly, and of more direct significance, the Commonwealth pays 50 per cent of the net operating costs of hospitals, including their schools of nursing. The Commonwealth is thus affected by, and could influence, matters mentioned in what follows (i) - (viii) below. The Committee recommends that consideration be given to the following changes:

(i) That the hospital department held responsible for nurse education be recognised as a separate department of equal standing to the nursing service department, and the directors of nurse education be accorded similar authority within their fields of responsibility as the directors of nursing services; that they be granted access as appropriate to management.

(ii) that the funds for nurse education in public hospitals come from the central authority to the hospital and be "earmarked" for the nurse education department. The funds should include students' salaries during the educational component of their training. The nurse education budget should be separate from the budget for the rest of the hospital so that educational requirements will not be outweighed by the requirements for service areas which are usually of more immediate concern.

(iii) that student nurse/nurse educator ratios be determined which will provide the most efficient use of contact time between tutors and students. In Victoria, for example, hospitals schools of nursing undertaking the new 1 600 hour curriculum must have at least 5 qualified nurse educators for up to 80 students. If students exceed 80, one additional nurse educator is to be employed for each group of up to 20 students. In South Australia it is intended that the ratio of nurse educators to students be reduced to 1 to 20 by 1980. Other States could appropriately seek similar ratios. Where large classes appear inevitable, small tutorial groups should be employed to provide more effective learning environments which allow for individual student involvement. The Committee has noted that effective use has been made of audio-visual aides, closed circuit television and films and considers that such developments assist in providing a satisfactory learning environment for the student nurse.

(iv) that class-contact hours be specified and time for undirected or self-directed study be taken into account in the determination of the student nurse's workload. Reference has been made in paragraphs 5.7 and 5.8 to the problems associated with high class contact hours with little time for the assimilation of material and private study.

(v) that a sufficient number of teaching hours be made available to ensure that the theoretical and clinical studies components can be adequately taught.

(vi) that clinical experience with precise learning and achievement objectives and the evaluation of educational outcomes be planned by nurse educators.

(vii) that subject to central determination of the number of students who could be absorbed into the workforce, directors of hospital schools of nursing be responsible for recruitment, selection, rostering and clinical placement of students throughout their training; the number of students allocated to any particular hospital be related to the appropriate number of places available.

(viii) whichever authority is responsible in any particular State, prompt consideration should be given to:

- the size and quality of staff establishments for nurse educators
- provision of continuing education for nurse educators
- clerical assistance and ancillary staff in nursing schools
- the supply of teaching aids and audio-visual services and equipment
- nursing school libraries
- access by nurses to libraries and other teaching facilities in the hospital
- provision of librarians
- the physical facilities of schools of nursing

10.21 The evaluation, planning and implementation of the improvements listed in 10.20 may best be done co-operatively by both education and health authorities at State and local levels. It is envisaged that local advisory or steering committees would be established to provide a formal structure to carry out these developments. Policy guidelines would be determined at State level.

10.22 The Committee considers that implementation of its recommendations could provide the opportunity for a fresh approach to the development of careers in nurse education. Improvement in the quality and availability of clinical and ancillary staff and the supply of teaching aids and equipment should allow the nurse educator more time to develop her teaching and educational skills. A re-evaluation of the roles of the nurse educator could provide opportunities for nurse educators at present out of the nursing workforce to return to it.

10.23 The Committee has noted a wide variation in the quality of physical facilities available and considers that facilities should be improved where those currently available are so inadequate that they are not suitable for training schools. There is no need for such schools to be luxurious and the committee is not recommending that major grants for capital developments be made.

Rationalisation of hospital schools of nursing

10.24 The large number of separate hospital schools could be rationalised on a regional or area-wide basis. Small hospital training schools should be closed, or restricted to the training of nurse-aides, but this would not preclude the continuing use of the hospitals at which such schools are located for part of the practical instruction required by students in regional training schools. As students are withdrawn from these smaller hospitals, more registered nurses are likely to be appointed and they would be available to supervise and guide students placed for training in accordance with arrangements negotiated by the responsible educators. Such rationalisation will only be achieved if a policy commitment by Government to this concept can be assured.

10.25 Rationalisation involves the more appropriate use of physical resources and nurse educators, and the placement of students for clinical experience in a wider range of hospitals and community services in a given area than the individual small hospitals have access to. Nurse educators in remote locations should be on the staff of the centralised school. Examples are the Northern District School of Nursing at Bendigo and the Western Australian School of Nursing. The latter school is administered by an independent committee of management and nine metropolitan, suburban and country hospitals are involved in the provision of clinical experience for its students.

Co-operative arrangements

10.26 There is a wide range of co-operative arrangements between hospitals and educational institutions whereby standards of nurse education can be improved. These could be made between educational institutions and individual hospital schools or regional schools of nursing. The Partridge Committee in Victoria has also recommended that there be close co-operation between hospital schools of nursing and tertiary colleges.

10.27 Some educational institutions could have resources to strengthen the theoretical component required in modern day nursing. Selected institutions might provide a wider educational milieu and greater resources than are being provided for student nurses within the hospital-based training programs.

10.28 There is more than one arrangement by which educational institutions and hospitals could co-operate. Hospital schools can seek the assistance of educational institutions in the training of student nurses. Hospitals would provide the health care based elements of the training program and educational institutions provide the appropriate teaching support. Teaching could be offered either within the institution itself or, alternatively, by the institution within the hospital. Payment for the contracted elements of the hospital teaching program should be provided by the health or hospital authority.

10.29 These arrangements could be achieved within the present "block" system and there may be no more difficulty in accommodating such arrangements to this system than those which occur in preparing such groups as teachers, engineers, architects, social workers, technicians and trade apprentices, where time 'in the field' as well as in an educational institution is necessary.

10.30 Work contracted to an educational institution could be determined on the basis of number of teaching hours or student work units required. Contract teaching could bring greater flexibility to the provision and improvement of education and training for the nursing profession. The proportions of the teaching commitment assigned to an educational institution could be varied on a year-to-year (or semester-to-semester) basis in response to particular needs identified by the training authority, the employer or by professional nursing groups.

10.31 The nursing profession, employing authorities and educational institutions could be drawn closer together for such matters as program development, determination of training objectives, and appropriate methods of assessment and evaluation of the quality of performance (by examination and otherwise) and for the revision and updating of training experiences and the content of courses. Joint planning committees would, therefore, be necessary.

10.32 Under the system outlined in paragraphs 10.28 to 10.31 students within the program should be regarded as hospital trained and funded. Alternatively, hospital based schools of nursing could be incorporated into and funded by education institutions. This would imply that the activities of the hospital school would be scaled down and its educational functions relocated within the educational institution. This arrangement could allow for some standardisation of awards granted and would eliminate the proliferation of courses of widely varying standards which exists at the present time. In cases where the existing hospital-based facilities are adequate for teaching purposes, they could continue to be utilised for nurse-aide training and for the further education and in-service needs of the nursing and allied health staff in the hospital.

10.33 The hospital-based school could become an off-campus part of a college with the teaching status and responsibility of a department of the educational institution and funded as such. Nurse educators would thus be accorded teaching status by the educational institution and the facilities and amenities of the institution would be fully available to the nurse educators and their student nurses. Students in such schools would be included in the 2 200 students of basic nursing which it is proposed will be educated in colleges of advanced education by 1985 (see paragraph 11.5).

10.34 Both these arrangements would generate a new form of school of nursing - one that would be integrated with the educational institution in a way that would not be possible under the present system. At the same time, the school of nursing would continue to have a firm base within the hospital and considerable co-operation between institution and hospital would be required. The placement of student nurses in controlled clinical experience would remain the responsibility of the hospital. If the hospital school became a department of the education institution it would be necessary for the Director of Nursing Service to be a member of the appropriate board of studies.

10.35 Clearly, cost-elements, administrative arrangements and management implications are considerable, particularly if a school of nursing takes steps to formalize its arrangements for affiliation with a particular education institution. Should these proposals be given further consideration, it would be necessary to develop a series of models which would take into account such issues as:

costs
administrative options
recruitment of staff and students
implications for training
resources required in institutions and hospitals

10.36 The Committee is conscious of the industrial implications of such developments particularly with respect to the employment of staff whose academic qualifications may be of a lesser standard than those of staff employed in educational institutions.

Accreditation of Awards Granted by Hospital Schools

10.37 The Committee has commented in paragraph 10.19 on the high standard of training in many hospital based schools of nursing and can see no reason why such schools should not seek accreditation of their awards. This would be an entirely new development, though one which has been discussed within the nursing profession. To a large extent it is a matter which should be resolved by the States themselves. Under State legislation governing higher education advanced education co-ordinating authorities are empowered to act as accrediting authorities for advanced education courses. The Australian Council on Awards in Advanced Education can accept applications for national registration of courses only from the specified accrediting authority in each State or in the Australian Capital Territory. It would be necessary, therefore, for arrangements to be made for proposals for course accreditation to be considered first by the appropriate state or territory accrediting authority.

10.38 Accordingly the Committee recommends that Commonwealth and State Education Ministers be approached to obtain agreement:

(i) to the principle that hospital based schools of nursing may seek accreditation of their awards at advanced education level;

(ii) that accreditation of these awards become part of the responsibility of the state and territory advanced education accrediting authorities;

(iii) that arrangements be made in each state and territory to establish means by which course proposals can be presented to the accrediting authorities.

10.39 It should be borne in mind that accreditation of courses at tertiary level will imply that entry standards to these courses will be those required for entry to similar courses offered in advanced education institutions.

88

10.40 It has been strongly argued, notably by Dr J.O. Miller, Principal of the Cumberland College of Health Sciences, that the absence of any recognised tertiary award is an impediment to granting substantial academic credit to hospital-based training. Arguments about the inadequacies of hospital-based training have been vigorously pressed but ignore the considerable change that has occurred in hospital programs in the past decade. In Victoria, for example, student nurses now receive 1 600 hours of formal instruction "de jure" and over 2 000 hours "de facto". When this is added to their supervised practical experience, one may well ask whether the course content is not enough to justify an academic award.

10.41 In summary it need not be assumed that an all-or-nothing approach be followed. There are already several modes of training for entry into the nursing profession - the traditional three-year hospital-based program; the two-year experimental hospital-based program now established at the Canberra Hospital; the six pilot programs already established in colleges of advanced education and the program operating at Newcastle Technical College. The Canberra Hospital two-year program is considered extremely successful and the supernumerary status of its students allows for the integration of theoretical learning and practical experience without the constraints imposed by the service requirements of the hospital.

Nurse Education in the Education System

10.42 The Partridge Committee suggested the possibility of affiliation of hospital nursing schools with suitable neighbouring colleges. Hospital staff could thereby be brought within the staffing framework of tertiary education while college staff could participate in the education of nurses. An arrangement somewhat along these lines has evolved at the Newcastle Regional School of Nursing which was established in May, 1972 to meet the special needs of the Hunter Valley and North Coast Regions of New South Wales.

10.43 Under the Newcastle arrangement:

(i) resources are centralised in a regional school of nursing

(ii) the theoretical and non-clinical components of nurse education are the responsibility of the Department of Technical and Further Education

(iii) the Department of Technical and Further Education has established a Division of Nursing in the School of Biological Sciences which has an overall responsibility for the school of Nursing at Newcastle Technical College and a General Nursing Certificate Course Advisory Committee on which nurses from the regional nurse training council have places

(iv) within the broad guidelines established by the Nurses Registration Board, the staff of the school of nursing design the course which is approved by the General Nursing Certificate Course Advisory Committee

(v) residential accommodation, clinical instruction and the general administration of the location of students in the regional hospitals participating in the scheme are the responsibility of a regional nurse training council consisting of representatives of the education and health authorities, the local community, the medical association, and the nursing profession; there is provision for six nurses and six non-nurses on the Council. An Education officer carries out liaison between the Council, the school, and the hospitals

(vi) the Nurses Registration Board is responsible for the final examinations

(vii) recruitment remains the function of the eleven hospitals participating in the scheme

(viii) the scheme is funded by the hospitals.

10.44 The Newcastle Technical College provides blocks of theoretical instruction followed by periods of controlled clinical experience. During the three years, seven blocks of instruction are spread over nine terms. The school is well-equipped and well-staffed, but teachers do not instruct their students in clinical areas - this is the responsibility of clinical tutors employed by the hospitals. Teachers do, however, accompany their students when they are undertaking some parts of their controlled clinical experience. Liaison is also maintained by seminars each term, and teachers may work in hospitals during vacations.

10.45 The Regional School now caters for over 1 000 students and has an excellent record in nurse registration examinations. At present, students completing the course receive a certificate from the hospital which recruited them which is endorsed with a statement that they have completed the theoretical component of the course at Newcastle Technical College. In the future it is intended that students completing the course will receive a General Nursing Certificate from the New South Wales Department of Technical and Further Education and a certificate from their regional hospital.

10.46 It was submitted to the Committee that some expansion of the controlled clinical experience was essential, and that School staff should be more involved in clinical instruction. If these are thought to be defects, they can be remedied without much difficulty.

10.47 New South Wales Government policies on nurse education include arrangements to transfer responsibility for the education of nurses from individual hospitals to a Regional Council in two pilot regions, and in these regions for all of the available educational resources to be used. The New South Wales Higher Education Board has considered the extension of the concept to other regions, and it supports co-operative arrangements between tertiary colleges and nearby hospital training schools. The Board's view is that curricula developed in this way could be appropriate for submission for assessment in terms of an award at Associate Diploma (UG3) level.

10.48 The Higher Education Board in New South Wales, believes that such courses can be mounted using the existing resources of the hospitals and educational institutions without major recourse to extra funding provision. This issue should be clarified by some detailed analysis of specific examples. If that should prove to be the case, and if student nurses are then able to obtain an award which confers more educational standing and status than a hospital certificate, there would not be any logical reason to discourage the proposal provided that the educational content of the course is supervised by an education authority and the syllabus is approved by the Nurses Registration Board.

10.49 The Armidale College of Advanced Education has expressed its willingness to affiliate with hospitals in a rural region in various ways to improve the education of nurses. They fall into three groups:

(i) A regional school situated at the college, involving use of facilities and some use of college staff on contract. Reimbursement would be obtained from affiliated hospitals and the award would remain a hospital certificate. It would provide a gradual introduction of nurse education to a college, thus allowing adjustments to be made progressively.

(ii) A "sandwich-type" program in which a new intake of student nurses would commence every six months, spend six months as students in the college and the hospitals, and then six months on the salaried staff of an affiliated hospital, returning to the college for a further six months and so on for three years. The College believes that a strong case could be made for an associate diploma.

(iii) A full student status program leading to a diploma or degree in nursing. Students would be unpaid, but could make their own arrangements to work during vacations. They would be allowed to sit nurse-aide examinations at the end of first year, making it easier for them to obtain part-time and vacation work.

10.50 The Cumberland College of Health Sciences has proposed the development of both a UG3 and a UG1 course in basic nursing. Their proposal is of considerable interest, but raises problems which need careful consideration. It is based on the assumption that there is a core of theoretical knowledge which is necessary to fulfil the requirements for registration as a nurse. Such a core of studies could be offered in a basic UG3 program which would require two years of full-time study or its equivalent plus a further year of hospital training. If this UG3 program were properly structured substantial credit (probably up to 50%) could be granted towards a degree level program in Nursing (UG1). The Cumberland College is proposing to develop such a program which would be of four years duration, requiring three years of education and training plus one year of hospital experience.

10.51 The UG1 course is proposed for two major reasons. It would provide for nurses who wish to become senior members of their profession an equivalent level of training to allied health professionals such as physiotherapists and occupational therapists and it would allow for more easy progression to post-graduate diploma and masters degree programs. In addition to credit towards a nursing degree being granted for work completed in a basic UG3 program, it is also envisaged that extension courses be offered for nurses who have qualified under present hospital based programs or who for other reasons may be eligible to seek advanced standing in a degree program. The development of allied UG3 and UG1 courses would mean that the present UG2 nursing program would be phased out.

10.52 It would appear that the proposal put forwward by the Cumberland College would require the development of an associate diploma (UG3) program which, if it is to provide credit of up to 50 per cent for the degree (UG1) studies, would not conform to the guidelines laid down by the Australian Council on Awards in Advanced Education. These are set out in paragraph 10.6.

10.53 In this chapter we have outlined options for the improvement of existing nursing courses. It is our view that considerable progress can be made if these options are exercised. The training of psychiatric and mental deficiency nurses is considered in detail in Chapter XIII.

10.54 For more detailed consideration is the proposed expansion of the pilot UG2 diploma programs at present in operation in colleges of advanced education. Chapter XI considers in detail their expansion over the period to 1985 and Chapter XII examines the costs and structural effects of the proposed expansion. It is reported that the diploma programs are operating effectively, but as yet they have not been thoroughly evaluated. Their merit and utility are matters of conjecture at present and will remain so until such time as satisfactory evaluation has been completed. The proposed expansion of UC2 courses could be the beginning of a move towards the education and training of all nurses at diploma level, alternatively the programs could be regarded as the source of education for future leaders of the nursing profession. Both these moves would have wide-ranging implications for nurse training and for the future development of the nursing workforce.

10.55 The proposal outlined in paragraphs 10.50 and 10.51 raises the question of whether there is a need for a degree program in basic nursing at the present time. It is our view that there is no such need. In advance of a reasonable evaluation of diplomas in nursing, it seems premature to suggest that degree programs should be offered for basic nursing training. It is also inconsistent with the discussion about the education required for the first level registered nurse (paragraphs 9.6 to 9.11) and about priorities for UG1 courses in nursing (paragraph 14.16) Furthermore, though completion of a degree is a pre-requisite for entry to a masters program, a degree is not required for a post-graduate diploma (PG1).

10.56 We have proposed developments in two types of nurse education hospital-based and education - based. These are not mutually exclusive and advances can be made in both. Progress can be made on one front while projects on the other front are being established and evaluated.

Nurse-Aides

10.57 In Chapter XII we indicate that staff establishments would probably be restructured if basic nursing education was to be transferred from the hospital to a college environment. There would inevitably be some change in the responsibilities of nurse-aides. As the nursing process expands its scope and increasing use is made of the team approach, the role of nurse-aides within the nursing team will also change. However, they will continue to work under the supervision of registered nurses.

10.58 There is no evidence of a shortage of nurse-aides, so no increase in the numbers of pupil nurse-aides is indicated. As soon as their new roles have been clarified, the training of nurse-aides should be reviewed.

10.59 It has been suggested that nurse-aide training should be transferred to the technical and further education system. Most submissions, however, favoured the continuing conduct of nurse-aide education in hospital schools of nursing, at least until such time as it is clear where the preparation of the bulk of registered nurses is to take place. The major nursing organisations recommend that nurse-aide education be gradually improved, but that the course content should continue to reflect the different levels of judgement and evaluation required of the two categories of nurses. We do not foresee the transfer of nurse-aide education into technical colleges during the years prior to 1985. The question might be re-considered when decisions are being made about the conduct of general nurse education after 1985. Meanwhile, if nurse-aide training remains in hospitals, they will be able to adjust locally to any difficulties that may arise from the withdrawal of student nurses.

10.60 There remains the problem of career progression for the nurse-aide. Some States give nurse-aides credit for previous experience when they enter a general nursing course. For example, both South Australia and Western Australia will grant credit of up to six months in the practical experience component of general nursing education. However, they seldom are able to take full advantage of these credits because of the requirement to complete all of the theoretical component of the course and the consequent need to fit into theoretical study blocks. Separate arrangements are not made for nurse-aides seeking to upgrade their education.

10.61 Provided they meet the other entry requirements for general nursing education, nurse-aides quite reasonably expect that an educational program should be so organised that they can take advantage of educational credits to which they may be entitled. We therefore consider that hospital schools of nursing should make allowance for the entry of nurse-aides to their basic nursing programs with as much credit as possible for previous education and experience. In addition, the possibility of establishing co-operative arrangements between hospitals and technical colleges for the training of nurse-aides should be examined.

CHAPTER XI: EXPANSION OF NURSE EDUCATION IN COLLEGES OF ADVANCED EDUCATION

11.1 In its guidelines to the Tertiary Education Commission for 1978, the Government requested that new courses or the expansion of existing courses in basic nurse education should not be supported. Consistent with this request the Advanced Education Council of the Tertiary Education Commission did not recommend support for the expansion of existing courses or the expansion of new courses for 1978. The pilot courses already developed in colleges were intended to provide useful information on the advantages and disadvantages of college-based nursing courses. Unfortunately, there has not yet been enough formal evaluation of these pilot courses or of their graduates. The reasons include the following circumstances:

(i) since the courses began there has not been enough time to assess their outcomes

(ii) the numbers involved in some colleges have been too small to ensure the reliability of controlled studies

(iii) the techniques of evaluation are costly and complex and require the appointment of special additional personnel; funds have not been available for this purpose.

11.2 We examined all the college nursing programs and had discussions with faculty, students, associated hospital personnel and State health administrators. The process of education in most cases was consistent with the trends, expectations, principles and objectives outlined in Chapters VII and VIII. Both faculty and students were enthusiastic about their courses, and first reports from employers were satisfactory. It is our view that there is enough evidence to justify an expansion of nurse education in colleges of advanced education to a point at which each program is large enough to be assessed with assurance. There should be confidence that the numbers will permit significant comparisons to be made, and that they will not be biased by the abnormal enthusiasms generated among small numbers upon whom very special attention is focused.

11.3 We have concluded that to achieve these objectives, it would be appropriate to aim at a target figure of about 2 200 students of basic general nursing in colleges of advanced education by 1985. For each approved program to have enough students to be properly comparable with good hospital schools of nursing the courses must be confined to a small number of institutions. In 1977 there were about 23 500 students of general nursing in basic training in hospitals, and some 460 in colleges of advanced education. There is a possibility that the total number could be reduced in response to lowered wastage rates among students and higher retention rates among those who are registered.

On the other hand more registered nurses may be required in the workforce to replace students.

11.4 Such an expansion should be subject to strict evaluation. The criteria and proposed methods of evaluation should be specified with each application for approval of a college nurse education program. In addition to educational assessments, the evaluation should include a study of the effects of college programs on the organisation of hospital nursing services and on requirements for staff. Funds should be made available only if approved evaluation procedures are undertaken. Special funds should be allocated for the evaluations.

11.5 To achieve a total of approximately 2 200 students of basic nursing in colleges by 1985, it will be necessary to offer 765 places in first year in 1983. This is based on assumed attrition rates of 10 per cent in first year and 3 per cent in second year.

11.6 The numbers in first year at present are as follows:

New South Wales	33
Victoria	107
South Australia	90
Western Australia	26
	256

A three fold increase in first year intakes within the next four years is suggested. The distribution of this increase should be related to the experience of those States that have already had substantial involvement in college programs, and to the degree of readiness of other States to start, or embark on additions to, their programs. We consider that Tasmania is not yet ready, but special arrangements for the education of nurse educators could prepare it for possible future developments.

11.7 Taking into account the possibility that potential college students of nursing from Tasmania may wish to attend Melbourne programs, the expansions envisaged are of the following order:

	First-year Intakes	
	Present Intake	1983
New South Wales	33	200
Victoria	107	220
South Australia	90	160
Western Australia	26	110
Queensland	0	75
	256	765

11.8 The particular colleges that might be involved in the provision of basic nurse education will be a matter for decision by the state advanced education authorities. However, certain criteria would require consideration by the Tertiary Education Commission in connection with its approvals for funding purposes. In order to establish viable programs that can be satisfactorily evaluated it would be desirable if course intakes were of a minimum of fifty students. An optimal size for an intake would probably be about 100 students. Viable programs can best be established by offering no more than one or two courses in each State.

11.9 Proliferation of courses should be avoided. Courses should be provided only in colleges that can, or can continue to demonstrate their capacity to respond effectively and comprehensively to needs and demands for nurse education that have been clearly identified. They must have the appropriate staff to design and develop nursing courses and to constitute a realistic faculty of nursing. The program offered must be of a tertiary diploma (UG2) standard. Entry should be based on clearly defined approved conditions, and each level of study should be high enough to protect the quality of the award. We recognise that the criteria specified are not always met and where this is the case, consideration should be given to closing the program.

11.10 Relevant course-work for basic nursing studies should be a substantial component of existing courses at the college, for example, courses in chemistry, biology, anatomy, physiology and psychology. There should be sufficient administrative support to develop, review and evaluate a new program.

11.11 The college should be in a position to offer a spectrum encompassing basic diploma, post-basic and continuing education courses. Because there has to be a proper balance of clinical work and academic studies related sensibly one to the other, the college should have some expertise in programs of concurrent study calling for the integration of a theoretical basis with practical experience.

11.12 There should be satisfactory student services. Education services such as the library and audio-visual services should be up to approved standards.

11.13 The program should provide the student nurse with extensive and thorough education and training in patient care and ward operation. Collaborative arrangements should be demonstrated with suitable hospitals and other health care agencies. There may be advantages in making arrangements for a substantial proportion of such clinical experience to be obtained in a large general hospital in close proximity to the college. The student could become identified with that hospital as well as with the college.

98

11.14 There should be representation of nursing staff from relevant clinical services on any college advisory committee that reports on nursing to the Council and Academic Board of the College. Representative nurses from hospitals and other health care agencies should be members of college committees that advise the nursing department on course development and curricula.

11.15 The arrangements should allow for determination of the number of students who could be allocated to particular wards or departments at any one time to be made by the service administrator. The specific placement of individuals within that determination should be decided jointly by college and service administrators. The college should be responsible for supervision of the clinical experience, but in the absence of a college tutor the charge nurse should supervise the college student. Ultimate responsibility for nursing care rests with the registered nurse in charge of the ward.

11.16 Such matters as:

(i) relationships between college and hospital regarding responsibility and authority for patient care;

(ii) charges for use of equipment, cleaning, maintenance and breakages;

(iii) regular meetings between hospital and college;

(iv) the content of guides and handbooks for use by students in hospitals and health care agencies;

(v) the handling of complaints;

should be agreed on by hospital, other health care agencies and college. Arrangements should be made between the hospital and the college to cover liability insurance against loss or damage caused through actions of college personnel or students.

11.17 The college will have to involve itself in public relations if implementation of change is to be managed without unnecessary difficulty. The reasons and methods of change should be explained to all clinical staff, administrators and medical practitioners. The introduction of nurse education to a college of advanced education if accompanied by the closure of a hospital-based program should be a gradual process in which all personnel should be given opportunities to familiarise themselves with the proposed changes and to prepare for them. A plan for the management of such changes should accompany proposals for funding.

Nurse Educators

11.18 Mention was made in paragraph 5.9 of the shortage of qualified nurse educators in hospital schools of nursing. An adequate supply is essential to ensure the success of college of advanced education programs, as well as to ensure better quality education under the continuing options set out in Chapter X. Appropriately qualified and experienced nurses must predominate on the faculty because nursing or nursing-oriented subjects comprise the major proportion of basic nurse education. Such staff would be expected to play a major role in the planning and integration of curriculum and the ongoing evaluation of programs. Some teaching staff other than nurses could be employed to teach subjects such as biology, anatomy, psychology and sociology.

11.19 The Victorian Nursing Council has a policy to progressively increase the number of nurse educators in hospital-based general nursing courses to an educator-student ratio of 1 : 10. This is rather more generous than the usual provision made in colleges of advanced education where the ratio is 1 : 12. The Swanson Committee stated that at least 60 per cent of those required for hospitals should be qualified. Qualified staff should be employed in both the classroom and clinical situation. We consider that this approach should be taken in hospital schools of nursing as well as colleges of advanced education.

11.20 In New South Wales hospitals, 296 nurse educators were qualified out of a total of 684 in employment. In Victoria, 159 out of 314 were reported to have a qualification. In Queensland, the figures were 91 out of 226, and in South Australia 108 out of 244. Information that is available for other States and Territories is shown in Appendix 2 Table 6.

11.21 On the basis of there being about 24 000 students in basic general nursing, some 1 200 qualified nurse educators are required. It seems that no more than 750 qualified nurse educators are employed now in basic general nurse education. There are additional shortages of qualified instructors in mental health nursing, nurse-aide education, post-basic courses and continuing education for nurses.

11.22 Evidence was heard which suggests that many qualified nurse educators are working in other branches of nursing, especially in administration, because of lack of job satisfaction, heavy workloads, inadequate salaries, and unsatisfactory career structures. Some of these factors can be ameliorated by action to improve hospital schools of nursing as was recommended in Chapter X. Better utilisation of available staff could also be achieved by the rationalisation of nurse education, also proposed in Chapter X. These improvements could attract some former nurse educators back into the system.

100

11.23 Upgrading and expansion of courses for nurse educators should have high priority. Nursing and teaching must be developed as the core subjects central to such courses. Other subjects, such as the biological, social or behavioural sciences are subservient to the core subjects because their inclusion is justified by the support they provide to the practice of nursing and teaching. Particular attention should be given to clinical units in the education of nurse teachers, because they must be competent practitioners.

11.24 Other possible solutions to the immediate problem of a lack of qualified nurse educators include:

(i) recruitment of personnel overseas

(ii) provision of opportunities for Australian nurses to study overseas.

Both avenues should be pursued.

11.25 Whether the proposal for about 2 200 nursing students to be educated in colleges of advanced education by 1985 is achievable or not, there is a need for a substantial special effort to be made to increase the outputs of qualified nurse educators. At least 300 could be absorbed by existing hospital schools of nursing and their entry into the workforce could release others for special training. Nurse educators have a particular need in that they are required to teach adults. They should be trained in such a way that they acquire expertise in the teaching of adults.

11.26 Colleges of advanced education will need numbers of nurse educators with high calibre and morale. Qualified nurse educators who have the desire and capacity should therefore be encouraged to take advanced courses. The growing availability of qualified nurse educators should make it possible for selected experienced ones to undertake part-time study towards a degree. Employers should be encouraged to permit attendance at approved courses during working hours.

CHAPTER XII : COSTS AND STRUCTURAL EFFECTS OF PROPOSALS FOR NURSE EDUCATION IN COLLEGES OF ADVANCED EDUCATION

12.1 Any movement of nurse education from hospital-based to college-based programs will result in a need to provide replacement staff for students who currently meet hospital service needs.

12.2 It has been stated that if all basic education for general nursing were to take place in colleges of advanced education, more students might have to be prepared than are required now because more registered nurses would be required to replace some of the students who now provide much of the work in training hospitals. However, by increasing the first year intake of college nursing students from the present 256 a year to only 765 a year we are of the view that no additional students would be required. Assessments reported in all States indicate that the current supply of registered nurses and nurse-aides will be enough to replace this number of student workers.

12.3 For purposes of estimating the costs of the proposed expansion of college-based nurse education, the following assumptions have been made about the replacement of students for service time:

(i) First-year student nurses will be replaced in participating hospitals by nurse-aides at a 1:1 ratio.

(ii) Second-year student nurses will be replaced at a 1:1 ratio by an equal mix of registered nurses and nurse-aides.

(iii) Third-year students will be replaced at a 1:1 ratio by registered nurses.

These figures could be applied to a hypothetical model in which a college of advanced education co-operating with a large general hospital would build up student numbers as follows:

	Year 1	Year 2	Year 3	Total
1980	30	Nil	Nil	30
1981	40	27	Nil	67
1982	60	36	25	121
1983	60	54	34	148
1984	60	54	52	166

Replacement Costs

12.4 If the above model were to operate in New South Wales for example, replacement costs could be estimated on the basis of current awards, current periods of time that students are in classes and not rostered for service, and current recreation leave entitlements. The sum of the salaries that the hospital(s) would have to pay to staff who would replace the 166 students distributed in accordance with the model would be $1 194 936 at current values. (See Appendix 6 A). This compares with the sum of $1 115 090 which would have been paid had the 166 students been employed in the hospitals as student nurses. (Appendix 6 B)

12.5 The additional cost to the hospital(s) in New South Wales for replacing 166 student nurses, subject to all the assumptions outlined, would be $79 846 or 7.2 per cent of current costs. A study in Tasmania indicates that differences in penalty payments could raise the costs of replacement to a figure of approximately 9.5 per cent above current costs. It must be noted, however, that this estimate is based on a total period of 1 000 hours (25 weeks) of student nurses' paid time being spent in classes. Several hospitals already provide more than this amount of "class time", and a pilot hospital-based comprehensive nurse training program in New South Wales allows students to be withdrawn from rostered work for 1 850 hours. Even where provision is only made for 1 000 hours, a recent industrial court ruling (against which an appeal has been lodged) requires that no more than 5 hours of contact between student nurse and nurse educator be permitted on any one day, and this may extend the length of time that each student nurse is withdrawn from work. Consequently the cost of replacing students for service time would also be reduced. In all other States, except Queensland, hospital-based student nurses already spend far in excess of 1 000 hours in classes and in supernumerary capacities.

12.6 We conclude, therefore, that the withdrawal of a small proportion of student nurses from training hospitals, and their replacement by trained nurse-aides and registered nurses, would not have a substantial impact, one way or the other, on the salary bill for nurses. This conclusion is supported by other estimates that have been received, but it must be still further qualified.

Direct Education Costs in Hospitals

12.7 The direct education costs per hospital student nurse comprise the salaries of educational staff, non-academic salaries (e.g. for library personnel, clerical and secretarial staff), and other maintenance costs (such as fuel, lighting, stationery, printing, postage,

103

telephones and cleaning). The average direct cost per student nurse in South Australian hospitals with 300 to 599 beds varied between $661 and $1 511 in 1976. We were told that in the same year, a New South Wales survey of six hospitals showed that the average direct cost was $735.23. The New South Wales study took depreciation charges into account. Unfortunately, accounting procedures in almost all hospitals do not distinguish between various types of costs attributable to particular hospital departments, such as the nursing school.

12.8 If student nurses are to be educated in colleges, it cannot be assumed that these direct costs of nurse education will be removed from hospitals that have schools of nursing. The facilities and staff may be used for the training of nurse-aides; we do not envisage a relocation of nurse-aide training during the next seven years. The facilities may also be used to cater for an expansion of continuing education and post-basic education for nurses. On the other hand, there could be a transfer of the costs of these residual functions from the hospital sector to the educational sector if a college took over the operation of an existing school of nursing and conducted its programs for student nurses, nurse-aides and post-basic students. The possibilities are too diverse to attempt the development of general conclusions. Each case will need to be analysed and considered on its own merits, but we have not had evidence to suggest that the education authorities should assume responsibility for the training of nurse-aides at this stage, or for continuing education, in hospitals.

Indirect Costs in Hospitals

12.9 There are substantial indirect costs of nurse education caused by subsidies for accommodation, meals and uniforms supplied to student nurses in hospitals. In some hospitals the indirect costs of accommodation are as significant as their direct nurse education costs. The critical issue is what would happen to the accommodation and the deficits if nurse education were to be relocated. The effects would depend on the use that would be made of the facilities by trained staff, the charges that would be levied, and alternative uses to which space could be put. It should be noted that such alternative uses might be very costly.

12.10 Although meal charges are heavily subsidised, the savings would be small if student nurses were to be relocated. This is because meal charges are subsidised for all staff, and removal of only a small proportion of the total staff would have little effect on overhead expenses that cover both staff and patients' meals.

104

Changes in Hospital Expenditures

12.11 The outcome of all these considerations suggests that the transfer of a small proportion of basic general nurse education from hospitals to colleges would not result in changes of any substantial consequence in salary expenditures in the hospitals, but that there could be savings to the hospital(s) in the direct educational costs and in the associated indirect costs. The amount of saving would vary from hospital to hospital in accordance with the particular arrangements made for the use of facilities, and the charges raised for their use. Large savings are not anticipated.

Education Costs in Colleges of Advanced Education

12.12 The principal change in public expenditure would occur in colleges of advanced education. In colleges there are typically 9 to 13 students per academic staff member - a ratio far higher than in hospital-based schools of nursing. An indicator of the order of recurrent costs involved can be derived from the recurrent costs of operating the two existing health science colleges. In these institutions the recurrent cost per equivalent full-time student in 1978, at December quarter 1977 cost levels, was approximately $3 700, excluding provisions for rent and equipment. Therefore, the direct educational costs for 2 200 basic nursing students in colleges of advanced education (in 1985) would be $8 140 000 at current prices.

12.13 The six pilot courses of basic nurse education now operating in colleges of advanced education will enrol approximately 700 students by 1980. Their direct educational costs would amount to some $2 590 000 at current values. An increase in numbers by 1 500 to 2 200 would cost an additional $5 550 000 a year when fully achieved. No assured offsets can be seen. There could be an additional expenditure of some $870 000 attributable to tertiary allowances (paragraph 12.15).

12.14 Provided the demand for teacher education continues at present levels, and assuming some relocation of courses, the system of colleges of advanced education should be able to absorb approximately an additional 1 500 student places for basic general nursing by 1985 without a requirement for significant capital grants. The specific colleges selected should be ones that will not require major capital expenditure.

Costs Faced by Students

12.15 Potential registered nurses who are educated in colleges of advanced education would face higher private costs of education than hospital students because of higher educational standards for entry into colleges and loss of salary during training. They would only be eligible for means-tested tertiary education allowances for which 40 per cent of eligible tertiary students qualify at present. The maximum allowance for students living at home is $1 250 a year, and for those living away from home $2 075 a year. Those who are completely independent may get up to $2 348 a year. These allowances are well short of the total of approximately $20 000 that student nurses now earn during their three-year course in hospitals.

Increased Social Costs

12.16 Bennett and Wallace have argued that there would be important but unquantifiable social costs due to the relocation of nursing education. They include:

(i) opportunity costs because the community would be deprived of the productive services of students in training

(ii) the effect on the careers and prospects of students leaving school at different levels of education, because of higher entrance standards

(iii) the need for country students to seek their nurse education in metropolitan centres or other large cities that have colleges of advanced education.

Budget Implications

12.17 Movement of nurse education into the tertiary sector would also involve changes in government funding arrangements which could have social cost implications. The costs of hospital-based nurse education are included as part of hospital operating costs. It is estimated that hospital-based nurse education costs are in excess of $80m (see Appendix 4). As this sum forms part of the net deficit of recognised hospitals it is borne equally by the Commonwealth and the States. Basic nurse education in psychiatric hospitals is met fully by the States. In private hospitals there is no specific subsidy of nurse education; it is a charge met out of revenues collected by the private hospitals, although in certain circumstances State Governments are providing some support for nurse education in private hospitals. The entire cost of educating nurses in colleges of advanced education would be met by the Commonwealth.

12.18 Thus it can be seen that any large scale movement of nurse education from existing hospital-based programs to colleges of advanced education would affect the balance between Commonwealth/State funding in Health and Education areas.

Costs of Educating Nurse Educators

12.19 The need for additional nurse educators was mentioned in Chapter XI. Proposals for their training are explored in Chapter XIV. Additional costs would be incurred for the training of nurse educators specifically for employment in those colleges of advanced education that would educate the additional 1,500 student nurses referred to in paragraph 12.13. Approximately $500,000 would be the amount involved to prepare the additional 136 nurse educators who would be required. (assuming a tutor: student ratio of 1:11)

Summary of Additional Costs

12.20 Additional recurrent costs amounting to about $6.4m annually would be incurred by the education sector if the number of pre-registration nursing students in colleges were to increase from 700 to 2 200. These costs are estimated at current values and are made up of:

		$
(i)	direct costs of educating additional basic students (per annum)	5 555 000
(ii)	tertiary education allowances for additional basic students (per annum)	870 000
(iii)	direct costs of educating additional nurse educators (this is a once only cost)	500 000

It should be noted that further costs might be incurred. These costs would be associated with the provision of space and possibly administrative support staff by hospitals for clinical tutors employed by colleges of advanced education. It is not possible to quantify the level of costs involved because the arrangements would be negotiated individually between colleges and hospitals. It could be argued that health authorities would achieve savings by replacing student nurses with registered nurses and trained nurses in the workforce; this result would be unlikely in New South Wales and Queensland. Because student nurses in other States make smaller contributions to the workforce, savings from their replacement are more likely.

Effects on Workforce Structure

12.21 In hospitals and other practice settings selected for the placement of college-based students for practical experience, if students are withdrawn from the workforce, each hospital will be allocated sufficient trained staff to provide the necessary services. Students will be supernumerary to such rostered personnel. There will be more stability and continuity of staffing in clinical areas, and time will not have to be spent in the orientation of a constant rotation of new student workers. Students will be supervised by clinical tutors. There will be greater continuity of patient care.

12.22 Most care in training hospitals is provided now by learners who are either students of basic general nursing or nurse-aide trainees. The ratio of registered nurses to learners is such that supervision is inadequate. If student nurses are withdrawn from hospital wards, other roles will require re-definition. The work previously done by student nurses will have to be done by other people, and an answer will have to be found to the question, "what level of education and training is required for those who are providing different facets of care?"

12.23 It is possible that much of the patient care can be provided effectively by people who have had restricted training, provided they are supervised adequately and provided their contribution is co-ordinated with others in small groups or teams. The corollary of this proposition is that there will be more emphasis on the contribution of nurse-aides and a clearer definition of their functions. The analyses of replacement costs at Appendix 6 are based on a replacement of student nurses by approximately equal proportions of registered nurses and nurse-aides. We do not recommend a replacement structure of that nature, but merely use it to illustrate possible cost implications.

12.24 The replacement of student nurses should make it easier to discontinue the practice of job assignment as the organising feature of the provision of nursing care. Patient assignment has been strongly recommended in reports and submissions on nursing care. Learning experiences of student nurses and supervision of nurse-aides can best be organised where patients are assigned to "teams" for their full nursing care.

12.25 There are some groups of nurses, who claim that all student nurses in the workforce should be replaced by registered nurses and that nurse-aides should not be employed. However, the authorities concerned have stated that there is no intention to reduce the number of nurse-aides employed or in training. The majority of nurses who offered us advice have indicated that there is no basis for planning a reduction in the employment of nurse-aides. On the contrary, the psychiatric service in Victoria has been planning the introduction of new "mental health aides", and their training requirements are under consideration by the Victorian Nursing Council.

12.26 It is likely that the training of nurse-aides will become more extensive and better organised. Industrial relations may become difficult as both nurse-aides and registered nurses find their aspirations in conflict. Role definition will need to be precise.

12.27 There is every likelihood, as well, that industrial organisations will press for higher salaries for graduates from college of advanced education programs. Currently registered nurses suspect that their new colleagues will also have promotional advantages. We have been advised that, if the amended training arrangements have the purpose and content of carrying out existing functions, then no restructuring or salary implications should follow. If, however, new training is to be based on a new role for registered nurses considerable restructuring could be involved. The essence is whether the work performed can be shown to be clearly different in function and value. In the longer term there may be a re-defining of roles and functions which could result in additional costs to the health care system; or alternatively, a greater utilisation of personnel remunerated at lower salary rates, such as nurse-aides. This is a matter for the future in the light of the emerging situation, and the prevention of industrial unrest would remain in the management rather than the educational field.

CHAPTER XIII : PSYCHIATRIC NURSING AND MENTAL DEFICIENCY NURSING

13.1 At present psychiatric and mental deficiency institutions are staffed by:

(i) registered psychiatric nurses who have completed three-year, hospital-based psychiatric or mental deficiency nursing courses;

(ii) nurses who, after registration as psychiatric or mental deficiency nurses, have completed a shortened general nursing course (see paragraphs 3.41 and 3.42);

(iii) nurses who, after registration as general nurses, have completed shortened hospital-based courses in psychiatric or mental deficiency nursing;

(iv) student nurses in psychiatric or mental deficiency nursing; and

(v) unqualified nursing assistants.

Overall hospital establishments are not usually specifically categorised between qualified nurses, student nurses or untrained assistants. In Victoria, about 40 per cent of nursing staff in psychiatric hospitals and 20 per cent in mental deficiency training centres are registered. Similar figures are mentioned in other States.

13.2 The principal nursing organisations have recommended that unqualified nursing assistants should be phased out of employment. They have recommended that hospital-based courses be conducted to enable unqualified staff to qualify as nurse-aides who can be enrolled. Arrangements to implement this proposal are going ahead in Victoria where it is intended that the category of ward assistant be dispensed with. Those now in employment will elect either to train as nurse-aides or to transfer without loss of salary to positions that do not involve patient care, such as domestic, cleaner, wardsmaid or kitchen staff.

13.3 We heard many submissions that favoured a system of nurse education which would permit greater mobility of nurses between mental health services and other hospital and health services. A comprehensive basic nursing curriculum has been proposed that would lead to registration as a nurse who is competent to enter the workforce in a first level position in general nursing or in psychiatric or community nursing (see paragraphs 8.2-8.6). In South Australia, a decision has already been taken to phase out the education program in basic psychiatric nursing by the end of 1979, and to replace it by a post-basic program. In New South Wales a pilot comprehensive basic nurse education curriculum has been approved for implementation at selected hospitals. It involves 1 850 hours of instruction compared to the 1 000 hours now given in basic courses in hospitals. The Working Party on Health Manpower in Victoria has proposed that there should be comprehensive initial education which would lead to a common registration as a nurse, to be followed by a post-basic course which would lead to a qualification in psychiatric and mental deficiency nursing.

Psychiatric Nursing

13.4 The Working Party on Goals in Nursing Education was in favour of a comprehensive curriculum that includes psychiatric nursing and the 1978 Annual Congress of Mental Health Nurses endorsed this principle. However, strong objections have been raised by organisations that represent the majority of nurses in psychiatric and mental deficiency hospitals. The Health and Research Employees Association believes that psychiatric nurse and general nurse training courses should remain "totally separate". Similarly, the Hospital Employees' Federation of Victoria, No. 2 Branch, has many reservations about a comprehensive nursing course. Representatives of the Tasmanian Mental Health Services Commission said that they do not aim to qualify nurses for psychiatric nursing by adding one year of psychiatric training on to general nurse education. In Western Australia senior health officials favoured a general nursing curriculum which devoted one third of its content to psychiatric nursing; they took the view that full responsibility in either general nursing or psychiatric nursing would be granted only after a one-year "internship" in each particular field. Queensland officers submitted that psychiatric nursing requires specialised training in a three-year basic course. They have no objection to post-basic courses in psychiatric nursing for the general nurse.

13.5 For reasons given in paragraphs 8.2-8.6 we favour a comprehensive nurse education program to provide nurses with a sufficiently strong basis to undertake first level nursing in all settings. General nurses who work in general hospitals and in the community require sound education and training in behavioural sciences, communication skills, group work, and the recognition and first level nursing management of common psychological disorders. These attributes can be acquired in a comprehensive general nursing program. Those who are going to work in psychiatric hospitals, or in the psychiatric service of general hospitals, other than at first level positions, will require additional post-basic education and training.

13.6 Because of the differences of opinion described in paragraph 13.4 we do not believe that the pace of change should be forced. However, tertiary colleges should be discouraged from establishing separate basic courses in psychiatric nursing. The pilot courses now being offered in colleges of advanced education are comprehensive in nature. The additional courses that may be established within the next seven years should retain this characteristic.

13.7 As in general hospital nurse education schools, there is scope for upgrading psychiatric hospital schools of nursing, improving their teacher:student ratios, providing clinical tutors and rationalising and modernising physical facilities and teaching resources. The establishment of additional positions for nurse education would require the preparation of more nurse educators in colleges of advanced education and provision for an overall increase in nurse educators will include a provision for nurse educators in psychiatric nursing.

Mental Deficiency Nursing

13.8 Evidence about the care of mentally deficient persons suggested that the problems to be faced are predominantly educational and social. Personnel working with the mentally deficient therefore should be trained in a program which emphasises educational and developmental problems rather than purely physical care. There is a group of profoundly and severely retarded persons among whom much nursing care is required, but even in this group developmental and social considerations are important.

13.9 Major changes are occurring in the patterns of care for mentally retarded persons. Alternatives to care in large institutions are being provided, and there has been a growth of small residential facilities and associated community services. One outcome of these changes has been that there is a diminishing proportion of residents in institutions who are amenable to training for semi-independent living in the community. While the most appropriate worker in the field may be someone other than a nurse, there are specific needs in institutions for personnel who can care for those with high levels of physical dependency and with frequently recurring physical illness.

13.10 The most appropriate response to this problem would seem to be to offer, in addition to generalist training, two types of nursing education for those who will provide institutional care for mentally deficient patients. There should be post-basic education which could appropriately be provided in colleges of advanced education or, alternatively, in hospitals for the mentally retarded. The other type of preparation should be for a second level nurse such as the nurse-aide for whom provision is being made in Victoria. These nurses could be prepared in the same manner as has been proposed for general nurse-aides (see paragraphs 10.58 - 10.60)

CHAPTER XIV : POST-BASIC NURSE EDUCATION AND CONTINUING EDUCATION

Post-Basic Nursing Education

14.1 Current arrangements for post-basic nursing education are summarised in paragraphs 3.39 - 3.68, and tabulated information is available in Part 2 of the Handbook on Health Manpower published by the Commonwealth Department of Health in 1977.

14.2 The plethora of post-basic nursing courses already available in hospitals is evidence of a need to offer further education for increasing numbers of nurses who require a greater depth of knowledge and skill than they have received or retained from their basic nurse education. Most of these courses are offered in hospital schools of nursing, which once again raises the question of the extent to which students are meeting hospital staffing needs rather than having their educational requirements satisfied. The question might best be addressed in the light of the objectives that can be identified for various types of courses. We consider that there is a need for rationalisation of such courses, many of which could be provided on an "in service" basis and need not be regarded as registrable qualifications. Introduction of a comprehensive basic nursing course should enable rationalisation to take place quite readily, as in many instances little additional training will be required in particular fields.

Aims of Post-Basic Courses

14.3 There are different educational aims that have to be accommodated within the structure for post-basic nurse education of qualified nurses. They include:

(i) preparation for a further recognised or registrable qualification in a field which is of general application

(ii) preparation for a specific position within an organisation

(iii) orientation to particular hospital or health care settings

(iv) provision of work experience and responsibility immediately after completion of basic education

(v) provision of opportunities for individual nurses who are personally responsible for the maintenance or extension of their competence after the end of their basic nurse education, and, where applicable, after the end of any additional education leading to a further qualification. This is usually referred to as continuing education

14.4 We believe that it is the function of hospitals and other employing authorities to provide the education and training required for orientation purposes, and for preparing qualified staff for particular positions. Orientation programs are available in many organisations for the induction of new staff. Preparation for particular positions can be provided by "in service" training. Detailed descriptions of dozens of such "in service" courses are given in a 1976 Commonwealth Department of Health publication: "Post Basic Nursing Courses in Australia".

14.5 It has been suggested that immediately after completion of their basic nurse education, nurses require a period of guided clinical experience before they fully assume their roles and responsibilities as qualified staff. This is the formal practice in many of the larger teaching hospitals where newly qualified nurses complete a "service year" which is comparable to the intern year for newly qualified medical practitioners. Where students have undergone a comprehensive basic nursing preparation for first level nursing positions, we believe that a year of "internship", following completion of their course, is desirable. Current "staff nurse" courses offer some theoretical instruction as well as practical experience for recently qualified nurses.

14.6 Preparation of registered nurses for further qualifications takes place mainly in hospitals and to a lesser extent in colleges of advanced education. Child care courses are conducted by colleges, hospitals, babies' homes, health departments, and mothercraft training schools. The Working Party on "Goals in Nursing Education" recommended that these infant and child care courses be phased into college programs in community health nursing fairly rapidly, and that post-basic midwifery courses then be brought into colleges over quite a prolonged period. Hospital-conducted post basic clinical nursing specialty courses were also to be phased into colleges and universities more slowly.

14.7 Organisational and financial difficulties are so substantial that an ordering of priorities needs to be established for the implementation of change. We have indicated in Chapters XI and XII that there is a need for more well-qualified nurse educators if the envisaged program of basic nursing education in colleges is to be implemented. We are persuaded that as the purpose of improving basic nurse education is to improve the quality of nursing care subsequently provided, it will be necessary to ensure that enough of the senior staff in hospital and community health services have had an education that will have prepared them for supervising and guiding new college graduates. These are the top two priorities for post-basic nurse education in colleges and universities. Planning to satisfy needs will require.

(i) nurses registration boards to establish criteria for the approval of all post-basic clinical courses, so that planning for the preparation of nurse educators can take this additional information into account, and

(ii) hospital and community health service administrators to provide estimates of their requirements for post-basic education of both clinical and administrative nursing staff.

14.8 Criteria for the selection of colleges of advanced education to undertake basic nurse education were outlined in paragraphs 11.9 to 11.17. Similar criteria should apply in respect of post-basic nurse education. It should again be stressed that a proliferation of courses should be avoided and that courses should be provided in those colleges that can best respond to needs and demands in nurse education. The advantages of offering basic and post-basic nurse training in the same educational institution are that the availability and suitability of both staff and facilities would have been considered and the economics of the operation would have been taken into account by the appropriate advanced education co-ordinating and funding bodies.

Courses will be sought in:

- nurse education
- clinical nursing practice, with major areas of study in such fields as paediatrics, mental health, rehabilitation, midwifery, geriatrics, mental retardation, etc.

- community nursing practice to prepare registered nurses for district nursing, infant welfare, school health, Aboriginal health, occupational health and community health centre nursing

- nursing administration

14.9 The need for rationalisation of post-basic training in hospitals has been commented on in paragraph 14.2, but, at present, pending the development of a range of post-basic courses in colleges of advanced education, their continuation is essential. It may be desirable that more uniform criteria for them be established.

14.10 As far as post-basic courses already available in colleges of advanced education are concerned, graduates from associate diploma (UG3) courses will be required for many years yet because so many educators and administrators at present in the workforce are inadequately trained. Such courses are available in nursing administration at the Cumberland College, in community health nursing at the Cumberland College and in nurse education at Cumberland, Armidale and Newcastle Colleges. These courses also satisfy a need for further education among nurses who currently hold a hospital certificate and who do not wish to seek higher level awards. They are of considerable value and like the post-basic UG2 programs conducted by colleges of advanced education, should be continued.

14.11 We believe that priority in taking advanced education courses should be given to those in senior supervisory positions in the workforce. It is recommended that candidates for enrolment in such courses should have had at least three years of experience after gaining their initial registrable nursing qualification. For similar reasons of priority, any course leading to a further award should constitute an extension within the field of a student's undergraduate studies.

14.12 Some registered nurses seeking post-basic education in colleges will already hold a nursing diploma at UG2 level. They should be given opportunities to take out a bachelor degree (UG1) or a graduate diploma (PG1) in a nursing field.

14.13 Nurses without a recognised tertiary award however pose greater difficulties than diploma holders. They may or may not be able to satisfy normal entry requirements to colleges of advanced education. Those with a registrable qualification in nursing should be able to seek entry under arrangements which apply in the case of mature age students. Representatives of the nursing profession have commented on the problem of credit for qualifications gained in hospital schools. New South Wales nurses have requested "more realistic recognition by way of credits for qualifications gained in hospital schools". The Queensland Committee (Livingstone Committee) which advised on desirable developments in nursing education was of the view that provision should be made for nurses to "convert" their basic training certificates to diplomas by means of "bridging studies."

14.14 In some cases nurses may have qualifications which would admit them to post-basic (UG2 or UG3) courses with advanced standing. The extent to which advanced standing might be given would depend on assessment by the educational institution to which they apply for enrolment, of:

(i) the length, breadth and depth of studies undertaken in basic nursing and other education by the particular applicant. There is so much variation between different schools of nursing that there cannot be any general acceptance for advanced standing of hospital basic nursing certificates.

(ii) fidelity to higher education standards. Each level of study and award must conform to recognised standards within higher education. Within this framework, it would be important to ensure that the quality of any award gained by a nurse would be maintained and protected and would not be perceived as an award of lesser order or gained through a less rigorous and demanding course of study than other higher education awards.

Registered nurses holding only hospital certificates may wish to seek advanced standing in these courses, but we recognise that their acceptance would be dependent upon assessment of their academic qualifications by the educational institution to which they apply for enrolment.

14.15 Subject to 14.14 the acceptability of any particular hospital certificate for purposes of advanced standing may be tested in one of two ways:

(i) The college of advanced education could design and administer its own "challenge" or qualifying examination.

(ii) Hospitals may seek recognition of present courses by applying for them to be accredited and recognised for appropriate awards.

These mechanisms have been and are currently being used for nurse education and could be further explored.

14.16 Proposals for degree programs in post-basic nursing introduce a new concept for the training of nurses in Australia, and raise the question of the need for rationalisation of the approach to post-basic nurse education. Such a new development provides an opportunity for a consistent approach to be adopted. It is expected that the sequence to a degree level award, unless there are exceptional circumstances, will be through a diploma course. The diploma (UG2 or UG3) may be acquired either by following an accredited basic nurse education course or by following an accredited post-basic course.

14.17 Candidates for the degree would normally complete three years of academic study at UG2 level, or its equivalent, satisfy the requirements prescribed for practical experience and then complete a degree course with a further period of academic study. In developing these courses it would be desirable to avoid the situation which pertains in other health fields where courses are of varying lengths and standards in different states. The form of this course would conform with the requirements for other vocationally oriented training courses where the basic qualification is of the same practical nature as is required for nursing.

14.18 It would not be inconsistent with the proposals outlined above if special provision were made in respect of nurses at present in senior positions in the nursing workforce who do not possess a recognised higher education award, and who have not been in a position to take advantage of provisions outlined in paragraph 14.16. Provided such nurses can satisfy the provisions described in paragraph 14.14, specially approved UG1 courses could be designed to meet their particular requirements, during the period for implementation of the current recommendations. No candidates should be admitted to such courses after 1982.

14.19 We were frequently advised of the necessity to cater for those wishing to upgrade their qualifications by the provision of bridging courses that would assure them of advanced standing in degree or diploma courses. If the awards sought are to be comparable to awards of the same level in other vocational fields the courses will need to be substantial and challenging and their content separate from the component studies of the award itself. We recognize that there are now only limited numbers of qualified personnel capable of offering quality tertiary programs in nursing. Their energies should not be diverted to the preparation, management and teaching of substantial bridging courses.

119

Continuing Education in Nursing

14.20 The objective of continuing education for nurses should be to develop a high level of competence among all nurses to ensure high standards of nursing care. Because of the speed of advance of knowledge and techniques, nurses in all fields must make efforts to keep abreast of developments. The aim should be to maintain or improve the knowledge, attitudes, skills and standards of performance of individual nurses.

14.21 A system of continuing education for nurses would make it possible to meet other related needs, such as:

- helping married nurses to re-enter the workforce
- increasing the mobility of nurses
- enabling nurses to re-enter the workforce after prolonged absence due to illness or travel
- assisting immigrant nurses to satisfy registration requirements.

To achieve all of these aims, a system of continuing education for nurses should be adequately funded and formally organised.

14.22 Continuing education for nurses is already available in the following ways:

- in conferences, seminars, workshops, and lectures arranged by professional organisations, colleges of nursing, nurses registration authorities, training hospitals and health departments
- through nurses undertaking independent and informal study
- in short courses provided by some hospitals, such as the "in service" refresher and re-orientation courses in general nursing, psychiatric nursing and midwifery.

14.23 Our terms of reference do not extend to the preparation of detailed conclusions about continuing education, but two aspects are relevant:

(i) preparing for the acceptance of new programs of basic education

(ii) short course-work and post-experience training in colleges of advanced education

14.24 The successful implementation of changes in basic nurse education is partly dependent on the acceptance of the program, the new type of nurse, and the new roles that may be assumed by nurses graduating from the new program. Therefore, it would be advisable in those hospitals that are providing practical experience for college-based students for formal "in service" education programs to be designed. They should enable registered nurses who completed their training, say, eight or more years previously, to be introduced to the new theory and practice now taught in the basic curriculum.

14.25 Colleges of advanced education, particularly those that provide nurse education, should be encouraged to undertake short non-award nursing courses. These should be self-financed or externally funded. They might include weekend seminars and retraining sessions and should aim to extend the knowledge and competence of registered nurses well past their "first cycle" education. They should also aim to prepare health and hospital administrators to manage the process of change. There would need to be resolution of issues related to short-course work, such as levels of support, allocations of physical resources and staff time, payments to staff and evaluations of the benefits of different approaches to the continuing education of nurses.

CHAPTER XV : CONCLUSIONS AND RECOMMENDATIONS

15.1 In establishing the Committee, the Minister for Education (Senator J.L. Carrick) indicated that the Government wished to have detailed advice on the options for varying present arrangements for nurse education and training.

15.2 In providing this advice the Committee was asked to give particular regard to certain areas, which are listed in paragraph 1.3.

15.3 The earlier chapters in the report canvass in detail the specific items referred to in paragraph 1.3 and the conclusions and recommendations are brought together in this chapter.

CONCLUSIONS

Current Problems

15.4 The overwhelming majority of nurses are trained in hospital schools and there are marked variations in the quality and type of training received in them. The variations are both between States and within States. Many schools are very good, even though there may be some problems for student nurses arising from the priority taken by service needs over education needs. In other schools, there are varying degrees of lack of correlation between classroom and clinical teaching, inadequate preparation for service tasks during training, "cramming" in brief study blocks, a lack of appropriately qualified nurse educators, inadequate library and other educational services and too much task orientation. The lack of a separate budget for nurse education within hospitals poses a problem.

15.5 Despite the fact that reports relating to nurse education have consistently drawn attention to the fact that there is a lack of statistical data, this persists and has handicapped the committee in its deliberations. Not only is statistical data lacking, but there is also a lack of information and agreement about the proper role and function of the nursing workforce.

Inter-disciplinary education

15.6 Three approaches to nurse education have received serious consideration recently, but they do not appear practicable at the present time in Australia. These are a common portal of entry, a common baseline and a core curriculum. They are further discussed in paragraphs 10.14 - 10.18.

Upgrading and Rationalisation of Existing Schools of Nursing

15.7 There is a wide range of arrangements whereby the standards of nurse education can be improved. These include the improvement of existing hospital schools of nursing, the rationalisation of available facilities on a regional basis to reduce the number of small schools of nursing, and the development of co-operative arrangements between hospital-based schools and educational institutions. Any large scale movement of nurse education from existing hospital-based programs to colleges of advanced education would affect the balance between Commonwealth/State funding in Health and Education areas. These matters are discussed in paragraphs 10.20 - 10.36.

College Courses

15.8 There is no reason in principle why the preparation of nurses should be carried out in a different setting from that of other health personnel. However, the logistic educational and financial problems which would accompany a departure from present arrangements suggest that change should be cautious, evaluated step by step, and taken forward only after validation justifies each change.

15.9 The evidence is sufficient to justify an expansion of nurse education in selected colleges of advanced education to an extent that would enable each program to be thoroughly assessed. Each college-based program should have sufficient students to ensure that it can be effectively evaluated and compared with programs in good hospital schools of nursing. Proposals are outlined in Chapter XI.

15.10 The withdrawal of a small proportion of student nurses from training hospitals and their replacement by trained nurse-aides and registered nurses would have little effect on the salary bill for those hospitals, subject to the qualifications on costs which are discussed in detail in Chapter XII.

15.11 Provided the demand for teacher education continues at present reduced levels, and allowing for some repositioning of activities, the system of colleges of advanced education should be able to absorb a total of 2 200 student places for basic general nursing by 1985 without a requirement for major additional capital grants.

Psychiatric Nursing

15.12 Until such time as the concept of the generalist nurse has been achieved there is scope for upgrading psychiatric hospital schools of nursing, improving their teacher/student ratios, providing clinical tutors and rationalising and modernising physical facilities and teaching resources. (See paragraphs 13.4 - 13.7).

Mental Deficiency Nursing

15.13 Programs for training those who are to work with mentally deficient persons would be more appropriately based on an educational or developmental model rather than one which emphasises purely physical care. The most appropriate response to the nursing care of the severely mentally handicapped would be to offer two types of nurse education, one at the post-basic level for registered nurses, and one for nurse-aides. (See paragraphs 13.8 - 13.10).

Nurse Aide Trainees

15.14 Nurse-aide training should be gradually improved, but the course content should continue to reflect the different levels of judgment and skill required of the two categories of nurses. For the present, nurse-aide training should continue to be undertaken in hospitals until their role has been redefined as outlined in paragraphs 10.57 - 10.61.

Nurse Educators

15.15 The improvement and expansion of courses for nurse educators should be given high priority. Other possible solutions to the immediate problem of the shortage of qualified nurse educators are:

(i) the introduction of improvements which may attract former nurse educators back into the system (see paragraph 11.22);

(ii) recruitment of personnel overseas;

(iii) provision of opportunities for Australian nurses to study overseas (see paragraph 11.24)

Post-basic Courses

15.16 Degree programs in post-basic nursing should be introduced. The sequence to a degree level award, unless there are exceptional circumstances, will be through a diploma (UG2 or UG3) award. For the present (until 1982) special provision may be made for those nurses who have not had opportunities for following academic courses of study (see paragraphs 14.16 and 14.18).

Objectives

15.17 The proposals outlined in paragraphs 15.6 - 15.16 involve a change in approach to nurse education. They allow for a change in emphasis from service to education needs in the preparation of nurses and provide for greater numbers of nurses being trained in educational institutions. Their implementation would affect the balance between Commonwealth and State funding in Health and Education areas.

15.18 A change in orientation in the education program itself is also proposed. This is predicated on the view that it would be preferable for nurses, upon first registration and after completion of their basic education, to be 'generalists' capable of functioning effectively in first level positions in any health care setting. They will be expected to work under supervision until experience and continuing education equip them to take full responsibility in a particular area of nursing.

15.19 Nurses should have a sound basis of knowledge in biological and behavioural sciences, an understanding of the theoretical basis of nursing practice and competence in practical nursing. Their education should provide for the integration of theory and practice. Consequently the placement of student nurses should be dictated primarily by educational and experience needs rather than service needs. They should be able to obtain balanced experiences in hospitals (large and small, urban and rural) as well as in the community.

15.20 The acquisition of factual knowledge should be directed to its use in problem solving. Students should be exposed throughout their course to a problem solving approach as distinct from task learning. Principles should be taught and applied to the practice of nursing procedures so that procedures are viewed as means to ends and not ends in themselves.

15.21 The recommendations which follow are based on the assumption that, at least until 1985, hospital schools of nursing will continue to train the bulk of nursing students.

RECOMMENDATIONS

Basic Nursing Courses

The Committee recommends that:

I. Existing schools of nursing should be rationalised and where appropriate upgraded. (Paragraphs 10.20 and 10.24 - 10.25)

II. To this end, hospitals should be encouraged to develop appropriate relationships with educational institutions. These relationships might vary from assistance in specific parts of a course to arrangements such as those operating at Newcastle Technical College.

III. Commonwealth and State Education Ministers be approached to obtain agreement to:

(a) the principle that hospital-based schools of nursing may seek accreditation of their awards at advanced education level;

(b) accreditation of these awards becoming part of the responsibility of the State and Territory advanced education accrediting authorities;

(c) arrangements being made in each State and Territory to establish means by which course proposals can be presented to the accrediting authorities (paragraph 10.38).

IV. Basic nurse education should also continue to be offered in three year Diploma (UG2 courses) in a small number of specified and approved colleges of advanced education; each of these approved programs should have sufficient students to enable proper comparisons with good hospital schools of nursing to be made. (paragraph 11.2 - 11.3)

V. An appropriate target figure would be some 2 200 student places for basic general nursing in colleges of advanced education by 1985. Courses should be offered only in those colleges that can respond appropriately to identified needs for nurse education (paragraphs 11.3, 11.8 - 11.11).

VI. The various methods of preparing nurses will be directed towards one level of comprehensive basic preparation for nursing registration, even though these will be provided in different settings (paragraph 9.11).

VII. Until the system outlined in Recommendation VI has been implemented separate basic preparation could be necessary for first level positions in general nursing, mental health nursing and, in some States, geriatric nursing and mental subnormality nursing (paragraphs 8.2 - 8.3).

VIII. Basic courses in psychiatric nursing should not be supported in colleges of advanced education (paragraph 13.6).

IX. Training programs for mental deficiency nursing should be based on an educational or developmental model rather than one which emphasises purely physical care. (paragraph 13.8)

X. Two types of nurse education should be offered for those who are to care for the severely mentally handicapped, one at the post-basic level for registered nurses and one for nurse-aides (paragraph 13.10).

XI. Nurse-aide training should continue to be undertaken in hospitals until the role of the nurse-aide has been redefined (paragraphs 10.57 - 10.61).

Post-Basic Courses

XII. Nurses with accredited diplomas should be given opportunities to take out a bachelor degree (UG1) or a graduate diploma (PG1) which will provide a greater depth of knowledge in fields related to nursing studies. Candidates should have had at least three years of experience after gaining their initial nursing qualifications (paragraphs 14.11 - 14.12).

XIII. Bachelor degree courses in post-basic nursing would normally follow successful completion of an accredited diploma course. Until 1982, however, special provision in entry requirements may be made for nurses in senior positions who have not been in a position to take advantage of diploma courses. (paragraph 14.18)

XIV. Current post-basic courses at both associate diploma (UG3) and diploma (UG2) levels should be maintained for nurses holding hospital certificates who do not wish to proceed to awards at a higher level. (paragraph 14.10)

XV. Post-basic training in hospitals (leading to the acquisition of recognized certificates in various forms of nursing practice) should be continued for the time being (paragraph 14.9).

Nurse Educators

XVI. Improvement and expansion of courses for nurse educators should be given high priority in selected institutions which have expertise in the education of adults (paragraph 11.25).

XVII. Qualified nurse educators who have the desire and capacity should be encouraged to take advanced courses (paragraph 11.26).

Existing Staff

XVIII. Priority should be given to ensuring that sufficient numbers of the senior staff in hospital and community health services have education and staff development opportunities to prepare them for supervising and guiding college graduates (paragraph 14.7).

Continuing Education

XIX. A system of continuing education for nurses should be formally organised and adequately funded (paragraph 14.21).

Research and Evaluation

XX. Resources should be made available by both the health and education systems for research into nursing education and evaluation of present nurse education programs.

XXI. More statistical and demographic data should be sought both about student nurses and the nursing workforce.

XXII. Evaluation of nurse education programs should be undertaken with a view to worthwhile results becoming available not later than the beginning of 1983, should include a review of current recommendations, and result in further recommendations to the Tertiary Education Commission.

APPENDIX 1

The Committee had discussions with the following organisations and individuals.

NEW SOUTH WALES:

Mrs B. Anderson, Course Co-ordinator, Diploma of Nursing Education, Newcastle College of Advanced Education.
Armidale College of Advanced Education
Australian Hospitals Association
Australian Nurse Teachers Society
Cumberland College of Health Sciences
Department of Technical and Further Education
Professor C. Engel, Associate Professor, Medical Education, University of Newcastle
Florence Nightingale Committee
Health Commission of New South Wales
Health and Research Employees' Association of Australia

Hospitals Representatives

Lidcombe State Hospital and Home
Marsden Hospital
Morissett Hospital
Newcastle Mater Misericordiae Hospital
Newcastle Psychiatric Centre
Rachael Forster Hospital
Repatriation and General Hospital, Concord
Royal Newcastle Hospital
Royal North Shore Hospital
Royal Prince Alfred Hospital
Prince Henry, Prince of Wales and Eastern Suburbs Hospitals
Rozelle Hospital
St Vincent's Hospital
Stockton Hospital
Sydney Hospital
Wagga Wagga Base Hospital
Wallsend District Hospital

Institute of Hospital Matrons of New South Wales and the Australian Capital Territory
Professor S. Leeder, Professor Community Medicine, University of Newcastle
Professor D. Maddison, Dean, Faculty of Medicine, University of Newcastle
Ministry of Education, New South Wales
New South Wales College of Nursing
New South Wales Higher Education Board
New South Wales Nurses Association

New South Wales Nurses Registration Board
Newcastle Regional Nurse Training Council
Nurses Education Board of New South Wales

Nursing Representatives

- Campbelltown Hospital
- Lidcombe Hospital
- Marsden Hospital
- Morissett Hospital
- Newcastle Mater Misericordiae Hospital
- Newcastle Psychiatric Centre
- Rachael Forster Hospital
- Repatriation General Hospital, Concord
- Royal Newcastle Hospital
- Royal North Shore Hospital
- Royal Prince Alfred Hospital
- Prince Henry, Prince of Wales and Eastern Suburbs Hospitals
- Rozelle Hospital
- St Vincent's Hospital
- Stockton Hospital
- Sydney Hospital
- Wagga Wagga Base Hospital
- Wallsend and District Hospital
- Riverina College of Advanced Education
- Royal Australian Nursing Federation (N.S.W. Branch)
- Sydney Teachers College
- Western Metropolitan Regional Administrators (Nursing) and Nurse Educators Group.

VICTORIA:

Australian Institute of Hospital Administrators (Victorian Branch)
Australian Medical Association (Victorian Branch)
Deakin University
Department of Health - Maternal and Infant Health Section
Hospitals and Charities Commission
Hospital Employees Federation (No. 1 Branch)
Lincoln Institute of Health Sciences - School of Nursing
Professor L. Mackay, Associate Professor of Education
Monash University
Miss P. Martin, Research Assistant, Monash University
Mental Health Authority

Nursing Representatives

- Austin Hospital
- Children's Cottages
- Geelong Hospital
- Kew Mental Hospital

  - Larundel Psychiatric Hospital
  - Mont Park Hospital
  - Prince Henry's Hospital
  - Repatriation General Hospital, Heidelberg
  - Royal Park Psychiatric Clinic
  - Warrnambool Base Hospital
- Professor L. Opit, Professor Social and Preventative Medicine, Monash University
- Preston Institute of Technology
- Private Hospitals and Nursing Homes Association of Victoria
- Royal Australian Nursing Federation (Victorian Branch)
- State College of Victoria
- State College of Victoria - Institute of Catholic Education
- Student Nurses - Lincoln Institute of Health Sciences (undertaking post-basic courses)
  - Preston Institute of Technology
- Victoria Institute of Colleges
- Victorian Hospitals Association
- Victorian Nursing Council
- Working Party on Health Manpower

QUEENSLAND:

- Blue Nursing Service
- College of Nursing, Australia (Queensland Branch)
- Miss J. Foley, Adviser in Nursing, Department of Health
- Miss R. Gray, Principal Nurse, Psychiatric Services, Department of Health.

Hospital Representatives

  - North Brisbane Hospitals Board
  - Princess Alexandra Hospital
  - Royal Brisbane Hospital
- Mr C. Hotz, Director of Hospital Administration, Department of Health
- Dr P. Livingstone, Deputy Director-General of Health and Medical Services, Department of Health
- Miss M. Moffett, Chairman, Board of Nursing Studies

Nursing Representatives

  - Holy Spirit Hospital
  - McAuley College
  - Mater Misericordiae Hospitals
  - North Brisbane Hospitals Board
  - The Prince Charles Hospital
  - Princess Alexandra Hospital

St Andrews War Memorial Hospital
Toowoomba Hospital
Wesley Hospital
Queensland Board of Advanced Education
Dr G.S. Urquhart, Director of Psychiatric Services, Department of Health

---

SOUTH AUSTRALIA:

Mr C. Bennett, Research Assistant, Flinders University
Dr W.A. Dibden, Director-General of Medical Services
Department of Further Education
Foundation for Multi-Disciplinary Education in Community Health
Graduates of hospital-based and Sturt College based programs

Hospital Representatives

Adelaide Children's Hospital
Calvary Hospital
Flinders Medical Centre
Memorial Hospital Inc.
Modbury Hospital
Royal Adelaide Hospital
St Andrew's Presbyterian Hospital
The Queen Elizabeth Hospital
The Queen Victoria Hospital Inc.
Wakefield Memorial Hospital Inc.

Medical Representatives of the Joint Committee of College of Nursing Australia and Royal Australian College of General Practitioners

Nursing Representatives

Adelaide Children's Hospital
Calvary Hospital
Flinders Medical Centre
Glenside Hospital
Hillcrest Hospital
Memorial Hospital Inc.
Minda Inc.
Modbury Hospital
Royal Adelaide Hospital
St Andrew's Presbyterian Hospital
Strathmont Centre
The Queen Elizabeth Hospital
The Queen Victoria Hospital Inc.
Wakefield Memorial Hospital Inc.

Royal Australian Nursing Federation (South Australian Branch)
South Australian Board of Advanced Education
South Australian Health Commission
The Nurses Board of South Australia
Mr R. Wallace, Reader in Economics, Flinders University

132

WESTERN AUSTRALIA:

Community Health Nurses, Public Health Department
Education Department

Hospital Representatives

- Fremantle Hospital
- King Edward Memorial Hospital for Women
- Princess Margaret Hospital for Children
- Royal Perth Hospital
- Sir Charles Gardiner

Mr R. James, Principal, Western Australian School of Nursing

Nursing Representatives

- Fremantle Hospital
- Geraldton Regional Hospital
- Graylands Hospital
- Heathcote Hospital
- King Edward Memorial Hospital for Women
- Ngal-A Mothercraft Hospital
- Princess Margaret Hospital for Children
- Royal Perth Hospital
- Sir Charles Gardiner Hospital
- St Anne's Hospital
- St John of God Hospital
- Stubbs Terrace Hospital
- Public Health Department

Royal Australian Nursing Federation. (Western Australian Branch)
Silver Chain Nursing Association
Students at the Western Australian School of Nursing
Western Australian Institute of Technology
Western Australian Post Secondary Education Commission
Western Australian Teacher Education Authority

TASMANIA:

Australian Medical Association (Tasmanian Branch)
Dr T. Brennan, Superintendent, Royal Hobart Hospital
College of Nursing, Australia (Tasmanian Branch)
Community Health Nurses
Department of Education
Department of Health Services
Hospital Employees Federation of Australia (Tasmanian Branch No. 1)
Hospital Matrons Association of Tasmania
Professor J.C. Lewis - Professor of Paediatrics, University of Tasmania
Mental Health Services Commission

Nursing Representatives

- Mersey General Hospital
- Mothercraft Home
- Queen Victoria Hospital
- Royal Hobart Hospital
- St John's Park Hospital

Nurses Registration Board
Royal Australian Nursing Federation (Tasmanian Branch)
State Registered Nurses from:

- Launceston General Hospital
- Royal Hobart Hospital

Student Nurses from:

- Mersey General Hospital
- North Western General Hospital
- Royal Hobart Hospital
- St Luke's Hospital

Tasmanian College of Advanced Education

AUSTRALIAN CAPITAL TERRITORY:

Australian Council on Awards in Advanced Education
Canberra College of Advanced Education
Mr R. Gordon, Assistant Commissioner, Policy and Planning, Capital Territory Health Commission

Nursing Representatives

- Calvary Hospital
- Canberra Community Hospital
- Woden Valley Hospital

Department of Veterans' Affairs

The Committee received written submissions from the following organisations and individuals:-

NATIONAL ORGANISATIONS

National Organisations
Australian Conference of Principals of Colleges of Advanced Education
College of Nursing Australia
Federation of Staff Associations of Australian Colleges of Advanced Education
National Standing Committee for Implementing Goals in Nursing Education Policies
National Standing Committee of Private Hospitals
Nursing Services of the Defence Force
Office of the Public Service Board
Royal Australian Nursing Federation

NEW SOUTH WALES:

Armidale College of Advanced Education
Avondale College
Dr R. Balandin, Medical Superintendent, Stockton Hospital
Cumberland College of Health Sciences
Professor C. Engel, Associate Professor, Medical Education, University of Newcastle
Health Commission of New South Wales
Hunter Medical Association
Professor S. Leeder, Professor Community Medicine, University of Newcastle
Professor D. Maddison, Dean, Faculty of Medicine, University of Newcastle
Ministry of Education, New South Wales
Dr E.S.A. Meyers, Bowral
Newcastle Regional Nurse Training Council
New South Wales Higher Education Board
New South Wales Institute of Technology
N.S.W. Task Force for the Implementation of Goals in Nursing Education Policy Statements
Nurses Education Board of New South Wales
Royal Newcastle Hospital
Sydney Teachers College
St Vincent's Hospital
Wallsend District Hospital
Mrs R.E. Wells, Director of Nursing, Hawkesbury Benevolent Society and Hospital
Western Metropolitan Health Region
Administrators (Nursing) Committee

VICTORIA:

Caulfield Institute of Technology
Deakin University
Department of Health - Maternal and Infant Health Section
Sister D.A. Eddison, Altona

Hospitals and Charities Commission
Dr D. Legge, Austin Hospital
Senator A. Lewis, Senator for Victoria
Preston Institute of Technology
Mr H. Reishel Mont Park School of Nursing
Royal Australian Nursing Federation (Victorian Branch)
Mr E.R. Smith, Eaglehawk
State College of Victoria
State College of Victoria:
  - Coburg
  - Frankston
  - Hawthorn
  - Institute of Catholic Education

St Vincent's Hospital, Fitzroy
The Hospital Employee's Federation of Australia Victoria Branch No. 2
Victorian Nursing Council
Mrs L. Warne, Ivanhoe

QUEENSLAND:

Mrs J. Clark, Nursing Superintendnent, The Prince Charles Hospital
Department of Health
Mr W. Fletcher, Chapel Hill
Mater Miseriordiae Public Hospitals

SOUTH AUSTRALIA:

Department of Further Education
Foundation for Multi-Disciplinary Education in Community Health
Royal Australian Nursing Federation (South Australian Branch)
South Australian Board of Advanced Education - submission from senior professional staff
South Australian Health Commission
South Australian Hospitals Association
The Nurses Board of South Australia
Mr R. Wallace, Reader in Economics, Flinders University

WESTERN AUSTRALIA:

Miss J. Brann, Lecturer Co-ordinator, Western Australian Institute of Technology
Sr M. Christina, 51 Anne's Hospital
Miss M. Doyle, Director of Nursing, Regional Hospital, Geraldton

Mr R. James, Principal, Western Australian School of Nursing
Mr M.H. McKercher, Course Co-ordinator, Claremont Teachers Colleges
Nurses Board of Western Australia
Public Health Department
Royal Australian Nursing Federation (Western Australian Branch)
Western Australian Institute of Technology

TASMANIA:

Sr B. Carter on behalf of Tasmanian Representatives of Nurse Educators
Miss L. Clippingdale, Deputy Director of Nursing (Education) Royal Hobart Hospital and Mrs M. Gowland, Nursing Officer, Department of Health Services
Mr W. Flassman, Administrator, Royal Hobart Hospital
Mr P. Galligan, State Registered Nurse, Royal Hobart Hospital
Miss B. Guest, Director of Nursing, Queen Victoria Hospital
Hospital Employees' Federation of Australia (Tasmania No. 1 Branch)
Dr W.D. Jackson, Kings Meadow
Mental Health Services Commission
Miss S. Radford, Student Nurse, North-Western General Hospital
Royal Australian Nursing Federation (Tasmanian Branch)
Mr L. Saunders, Student Nurse, Mersey General Hospital
Student Nurses' Union, Royal Hobart Hospital
The Nurses' Registration Board

AUSTRALIAN CAPITAL TERRITORY:

Canberra College of Advanced Education
Miss J. James, Director of Nursing, Canberra Hospital
Mrs M.M. Kellow, Director of Nursing, Woden Valley Hospital

NORTHERN TERRITORY:

Miss H.M. Boulden - Darwin
College of Nursing Australia, Northern Territory State Committee

137

APPENDIX 2 : STATISTICAL TABLES

Table 1 - Number and Type of Basic Nurse Training Schools in Hospitals

Table 2 - Colleges of Advanced Education Offering Basic Nurse Training Courses

Table 3 - Number of Students in Basic Training Courses in Hospitals

Table 4 - Number of Students by Type of Basic Training in Hospitals

Table 5 - Number of Students in Basic Training Courses in Colleges of Advanced Education

Table 6 - Nurse Educators Employed in Hospital Schools

Table 7 - Number of Nurses on Register by Category of Registration 1977

Table 8 - Number of Hospitals Providing Nurse-Aide Training

Table 9 - Students in Nurse-Aide Courses, 1977

Table 10 - Number of Nurse-Aides Registered/Enrolled

Table 11 - Total Active Nursing Workforce - All Categories of Staff

TABLE 1 - NUMBER AND TYPE OF BASIC NURSING TRAINING SCHOOLS IN HOSPITALS

Type of Course	LOCATION OF TRAINING SCHOOLS																	
	New South Wales		Victoria		Queensland		South Australia		Western Australia		Tasmania		Australian Capital Territory		Northern Territory		Australia	
	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other	Metropolitan	Other
General Nursing	40	49	15	14	8	31	17	24	5(1)		5	14	3		1		94	132
Geriatric Nursing	1	1															1	1
Nursing of the Intellectually Handicapped	5	1	5				2										12	1
Psychiatric Nursing	7	4	4	6	1	1	2		1			1					15	12
TOTAL	53	55	24	20	9	32	21	24	6		5	15	3		1		122	146

(1) Students from country areas undertake theoretical training at Western Australian School of Nursing in Perth.

TABLE 2 - COLLEGES OF ADVANCED EDUCATION OFFERING BASIC NURSE TRAINING COURSES

New South Wales

Cumberland College of Health Sciences.
Riverina College of Advanced Education.

Victoria

Lincoln Institute of Health Sciences.
Preston Institute of Technology.

South Australia

Sturt College of Advanced Education.

Western Australia

Western Australian Institute of Technology.

TABLE 3 - NUMBER OF STUDENTS IN BASIC TRAINING COURSES IN HOSPITALS

Year of Course	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	AUSTRALIA
First Year	4,606	2,061	1,234	950	536	271	157	35	9,850
Second Year	3,856	1,761	1,105	1,102	562	196	127	15	8,724
Third Year	3,338	1,697	1,021	1,040	440	309	104	2	7,951
TOTAL	11,800	5,519	3,360	3,092	1,538	776	388	52	26,525

TABLE 4 - NUMBER OF STUDENTS BY TYPE OF BASIC TRAINING IN HOSPITALS

General Nursing

Year of Course	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	AUSTRALIA
First Year	3,875	1,807	1,178	872	443	251	157	35	8,618
Second Year	3,271	1,648	1,046	926	476	188	127	15	7,697
Third Year	2,934	1,582	987	887	385	299	104	2	7,180
TOTAL	10,080	5,037	3,211	2,685	1,304	738	388	52	23,495

Geriatric Nursing

Year of Course	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	AUSTRALIA
First Year	48					Nil			48
Second Year	34	NA	NA	NA	NA	Nil	NA	NA	34
Third Year						Nil			
TOTAL	82					Nil			82

Psychiatric Nursing

Year of Course	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	AUSTRALIA
First Year	366	185	56		93	20			720
Second Year	382	67	59	98	86	8	NA	NA	700
Third Year	346	93	34	91	55	10			629
TOTAL	1,094	345	149	189	234	38			2,049

Mental Retardation Nursing

Year of Course	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory	AUSTRALIA
First Year	317	69	NA	78		NiL	NA	NA	464
Second Year	169	46		78		NiL			293
Third Year	58	22		62		Nil			142
TOTAL	544	137		218		Nil			899

TABLE 5 - NUMBER OF STUDENTS IN BASIC TRAINING COURSES IN COLLEGES OF ADVANCED EDUCATION

(N.B. All are basic General Nursing Courses)

Year of Course	College of Advanced Education						
	New South Wales		Victoria		South Australia	Western Australia	AUSTRALIA
	Cumberland College of Health Sciences (1)	Riverina College of Advanced Education (1)	Lincoln Institute of Health Sciences	Preston Institute of Technology (2)	Sturt College of Advanced Education (4)	Western Australian Institute of Technology	
First Year	19	14	32	75(3)	90	26	256
Second Year	10	3	14		63	17	107
Third Year	12	1	17		50	18	98
TOTAL	41	18	63	75	203	61	461

(1) Enrolments for 1978.
(2) Course commenced 1977.
(3) Includes 35 students from the first semester 1977 intake who have proceeded with the advanced education course and an estimated 40 students from the second semester 1977 intake who will proceed with the advanced education course.
(4) First Year 81 F/T and 9 P/T.

TABLE 6 - NURSE EDUCATORS EMPLOYED IN HOSPITAL SCHOOLS

State/Territory	Nurse Educators					
	Qualified (1)		Unqualified		Total	
	Number	Proportion	Number	Proportion	Number	Proportion
New South Wales	296	43.3	388	56.7	684	100
Victoria	159	50.6	155	49.4	314	100
Queensland	91	40.3	135	59.7	226	100
South Australia	108	44.3	136	55.7	244	100
Western Australia	57	48.3	61	51.7	118	100
Tasmania	18	38.3	29	61.7	47	100
Australian Capital Territory	21	60.0	14	40.0	35	100
Northern Territory	7	46.7	8	53.3	15	100
TOTAL	757	45.0	926	55.0	1,683	100

(1) Those holding a diploma in nurse education or other academic award.

TABLE 7 - NUMBER OF NURSES ON REGISTER BY CATEGORY OF REGISTRATION, 1977

Category of Registration	State or Territory								
	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory(2)	Northern Territory	AUSTRALIA
General	39,219	32,950	16,177	16,384	9,299	3,988		2,173	
Psychiatric	4,014	989(1)	1,045(1)	1,349	571	242		89	
Mothercraft	567	1,967			254				
Mental Retardation	943			680		38		6	
Geriatric	975					117			
Midwifery	15,608		7,619	6,085	3,281	1,599		993	
Infants/ Childrens	180				85				
Child Welfare/ Health	1,695		1,632	786	491	309		162	
Infectious Diseases				37					
Tuberculosis					85	20			
TOTAL	63,201	35,906	26,473	25,321	14,066	6,313	4,547	3,423	179,250

Note

Total figures in Table 7 should not be taken to represent the total number of nurses on the register in each State; where nurses hold more than one certificate they have been counted for each certificate held.

(1) Includes Mental Deficiency Nurses.

(2) Breakup by category not known.

TABLE 8 - NUMBER OF HOSPITALS PROVIDING NURSE AIDE TRAINING

State/Territory	Hospitals Providing Training		
	General	Psychiatric	Total
New South Wales	211		211
Victoria	55		55
Queensland	72		72
South Australia	69		69
Western Australia	14	1	15
Tasmania	7	1	8
Australian Capital Territory	2		2
Northern Territory	1		1
AUSTRALIA	431	2	433

TABLE 9 - STUDENTS IN NURSE-AIDE COURSES, 1977

State/Territory	Number of Students
New South Wales	1,411
Victoria	1,274
Queensland	561
South Australia	747
Western Australia	458
Tasmania	198
Australian Capital Territory	105
Northern Territory	20
AUSTRALIA	4,774

TABLE 10 - NUMBER OF NURSE-AIDES REGISTERED/ENROLLED

State/Territory	Number of Nursing Aides
New South Wales	9,866
Victoria	13,278
Queensland	5,006
South Australia	7,036
Western Australia	2,132
Tasmania	881
Australian Capital Territory	1,213
Northern Territory	Not known
AUSTRALIA	39,412

TABLE 11 - TOTAL ACTIVE NURSING WORKFORCE - ALL CATEGORIES OF STAFF

Area of Employment	Total Number of Nursing Staff								
	New South Wales	Victoria(2)	Queensland	South Australia	Western Australia	Tasmania(3)	Australian Capital Territory	Northern Territory	AUSTRALIA
Public Hosp.	25,270	16,139	9,731	4,984	4,827	1,355	910	627	63,843
Psychiatric, Mental Retard. & Geriatric Hospitals	4,607	5,104		1,118	1,293		134		12,256
Repatriation Hospitals	1,143			190					1,333
Private Hospitals				1,424			47		1,471
Community Nurses	1,384(1)	1,170	574		303		68	265	3,764
Occupational Health Nurses	316	315	60	111	35				837
Home Nursing Services	380	619	447	209	233		42		1,930
Nurse Education	664	464	226	288	144				1,786
Doctors/ Dentists Surgeries		771			258				1,029
Children's Homes		156			63				219
School Health. School Nurse/ Child Health		137	39	155	89		36		456
Other		1,176	99	2	446		38		1,761
Not Stated					1,754				1,754
Department of Public Health				88					88
TOTAL	33,764	26,051	11,176	8,569	9,445	1,355	1,275	892	92,527

NOTES (SEE NEXT PAGE)

Notes: There are no current amalgamated statistics on nursing staff in private hospitals and nursing homes and in other areas of the private sector.

(1) Includes - School and Aboriginal Health, Occupational Health, Epidemiology and Geriatric Services.

(2) Field of employment of 26,051 nursing personnel who reported being employed in nursing in December 1975. - "Facts about Nurses and Nursing 1976 - Victorian Nursing Council."

(3) Numbers employed outside of public hospitals unknown.

APPENDIX 3 : POST-BASIC NURSING COURSES

Hospital-based Registrable Courses at Post-basic Level

Course	State or Territory Where Available							
	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory
Child Health/Infant Welfare for RGN with Midwifery Certificate	x	x	x	x	x	x		
General for RPN	x	x	x	x	x	x		
General for RMDN	x	x		x		x		
General for Geriatric Nurses	x					x		
Geriatric for RGN and for RPN(1)	x					x		
Mental Deficiency (Retardation) for RGN	x	x		x		x		
Mental Deficiency (Retardation) for RPN	x	x		x		x		
Mental Deficiency (Retardation) for Geriatric Nurses	x							
Midwifery for RGN	x	x	x	x	x	x	x	
Psychiatric (Mental Health) for RGN	x	x	x	x	x	x		

(1) 3 months only and endorsable in Repatriation Hospital, Concord, New South Wales.

Hospital-based Courses for Which Certificate Endorsable/Recognised

Course	State or Territory Where Available							
	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory
Cardio-thoracic for RGN	x							
Communicable Infectious Diseases for RGN		x						
Community Health for RGN				x(1)				
Eye, Ear, Nose and Throat Nursing		x						
Geriatric Nursing	x							
Gynaecological Nursing		x						
Intensive Care for RGN	x	x		x	x	x	x	
Neo-natal for RGN with Midwifery Certificate	x	x		x	x			
Neorosurgical/ Neurological for RGN	x				x			
Oncological Nursing		x						
Operating Theatre for RGN	x			x	x			
Ophthalmic for RGN	x							
Orthopaedic and Spinal Injuries for RGN					x			
Paediatric for RGN	x	x		x	x			
Plastic Surgery for RGN		x						
Renal and Haemodialysis for RGN	x	x						
Nephrology Dialysis and Transplantation	x							
Spinal Injuries	x							
Staff Sisters Inservice	x							
Advanced Nursing Course	x							

(1) Course not hospital-based but available to staff employed in various Community Health Services.

Hospital-based Non-registrable Courses at Post-basic Level

Course	State or Territory Where Available							
	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australian Capital Territory	Northern Territory
Accidents and Emergency Nursing for RGN		X						
Anaesthetic for RGN		X						
Cardio-thoracic for RGN		X						
Coronary Care for RGN	X	X						
Community Health for RGN		X						
Geriatric for RGN and RPN		X						
Intensive Care for RGN		X						
Intensive Care and Surgical Metabolism for RGN		X						
Neurosurgical/ Neurological for RGN		X						
Operating Theatre for RGN		X						
Paediatric for RGN			X					
Renal and Haemodialysis for RGN								
Senior Sisters, Advanced Course		X						
Staff Sisters' Inservice				X				
Ward Management for RGN	X	X		X				
Refresher Course for Midwifery Nurse				X	X			

Post-basic Nursing Courses for Nurse Aides

Course	State or Territory Where Available		
	Victoria	South Australia	Western Australia
Emergency and Orthopaedic Nursing		x	
Maternity Nursing	x		x
Operating Theatre Nursing	x		x
Orthopaedic and Spinal Injuries			x
Paediatric Nursing			x
Psychiatric Nursing		x	

POST-BASIC NURSING COURSES AVAILABLE IN COLLEGES OF ADVANCED EDUCATION

Institution	TYPE OF COURSE Diploma in Nursing Administration	Diploma in Nursing Education	Diploma in Nursing Education (Midwifery)	Diploma of Applied Sciences (Nursing Science)	Diploma in Community Health Nursing	Diploma in Hospital Nursing and Unit Management	Diploma Course in Nursing Administration Education, Community and Clinical Nursing Practice
NEW SOUTH WALES							
Cumberland College of Health Science	UG3	UG3			UG3		
Armidale College of Advanced Education		UG3					
Newcastle College of Advanced Education		UG3					
VICTORIA							
Lincoln Institute	UG2	UG2	UG2		UG2	UG2	
Preston Institute of Technology					UG2		
QUEENSLAND							
Queensland Institute of Technology	UG2	UG2				UG2	
SOUTH AUSTRALIA							
Sturt College of Advanced Education		UG2			UG2		
WESTERN AUSTRALIA							
Western Australian Institute of Technology							Level of course to be decided.
AUSTRALIAN CAPITAL TERRITORY							
Canberra College of Advanced Education				UG2	UG3		

APPENDIX 4 : ESTIMATED COST OF CURRENT NURSE EDUCATION AND TRAINING

1. This analysis deals only with the aggregate operating costs to governments of the basic education and training in hospitals of prospective general nurses. It is based on the two factors:

- expenditures on students during the times that they are not on productive rostered duty;
- expenditures on staff involved wholly or mainly in training students.

It does not take capital costs into account, nor depreciation or amortisation. It does not make allowance for net expenditures on subsidised accommodation, meals or uniforms, although these will be considered in assessing the effects of possible changes in present arrangements.

2. In deriving aggregate costs, the following student numbers and curriculum times were used:

	Students (General Nursing)	Curriculum (hrs)
New South Wales	10 080	1 000
Victoria	5 037	2 076 (a)
Queensland	3 211	840
South Australia	2 685	1 000
Western Australia	1 304	1 320 (b)
Tasmania	738	2 240 (c)
Territories	440	1 300
AUSTRALIA	23 495	

Notes: (a) See paragraph 4.17
(b) See paragraph 3.29
(c) See paragraph 3.33

3. Estimates of costs are based on salary rates that applied following the February 1978 national wage decision. Based on the two factors specified in paragraph 1, current annual expenditures on basic general nurse education in hospitals are estimated to be:

	Estimated Annual Aggregate Costs	Estimated Average Cost per Student
	$m	$
New South Wales	18.65	1 850
Victoria	15.07	2 991
Queensland	4.80	1 444
South Australia	5.20	2 037
Western Australia	1.70	2 563
Tasmania	3.05	4 265
Territories	1.10	2 500
	49.57	2 110

4. A further breakdown of the estimated average cost per basic general nursing student suggests that the cost of each of its two major components can be represented by the amounts shown below:

	Average Annual Student Salaries During "Education Time"	Nurse Education Costs, per Student
	$	$
New South Wales	1 198	658
Victoria	1 885	1 106
Queensland	934	510
South Australia	968	1 069
Western Australia	1 310	1 253
Tasmania	2 377	1 888
Territories	1 278	1 222

158

5. The number of general nursing students in hospitals comprises an estimated 88.4 per cent of all students in basic training courses in hospitals. The other students are in basic training courses in Psychiatric, Geriatric and Mental Retardation Nursing. It could be assumed that the current operating cost of educating all basic nursing students in hospitals is of the order of 100 x $49.57m - 88.4, i.e. approximately $56 million.

6 In addition there are 461 students in basic general nursing courses in colleges of advanced education - less than 2 per cent of all basic general nurse education. Best estimates of recurrent costs in the two existing health science colleges are $3 700 per student place, so the recurrent expenditure on basic general nursing students in colleges of advanced education amounts to approximately $1.7m.

7. Total direct recurrent expenditure in Australia on basic nurse education is at least $57.7 million per annum. Additional indirect costs for subsidised accommodation, meals and uniforms in hospital training schools must be taken into consideration. Paragraph 9 suggests that those costs could be in excess of $ 1 000 per student or over $23 million overall. The estimate of total recurrent expenditure on basic nurse education is of the order of $80 million a year.

8. The figures reflect great variations in cost between States. This is due mainly to differences in the amounts of non-productive time in respect of which student nurses receive payments. Not only do the minimum statutory requirements vary, but actual practice differs from State to State and hospital to hospital. Different industrial awards for students and nurse educators also have a significant influence on cost variations.

9. A detailed study undertaken in six hospitals in New South Wales in 1976 illustrates the variations. Costs of subsidised accommodation, meals and uniforms were included, as well as those attributable to student salaries while they were in study "blocks", and to staff of the nurse training schools. The figures per student were:

HOSPITAL	A $	B $	C $	D $	E $	F $
Student salaries	1 096	825	679	780	713	826
Training school costs	776	528	689	1 272	526	617
Sub-total	1 872	1 353	1 368	2 052	1 239	1 443

Accommodation, meals and uniforms	1 291	893	1 291	1 174	852	611
Total	3 163	2 246	2 659	3 226	2 091	2 054

In hospital A there were 29 students following a 773 hour curriculum, while in hospital F there were 188 students following a 960 hour curriculum.

10. Other illustrative average figures per student that have been supplied, for the year 1976/77 were:

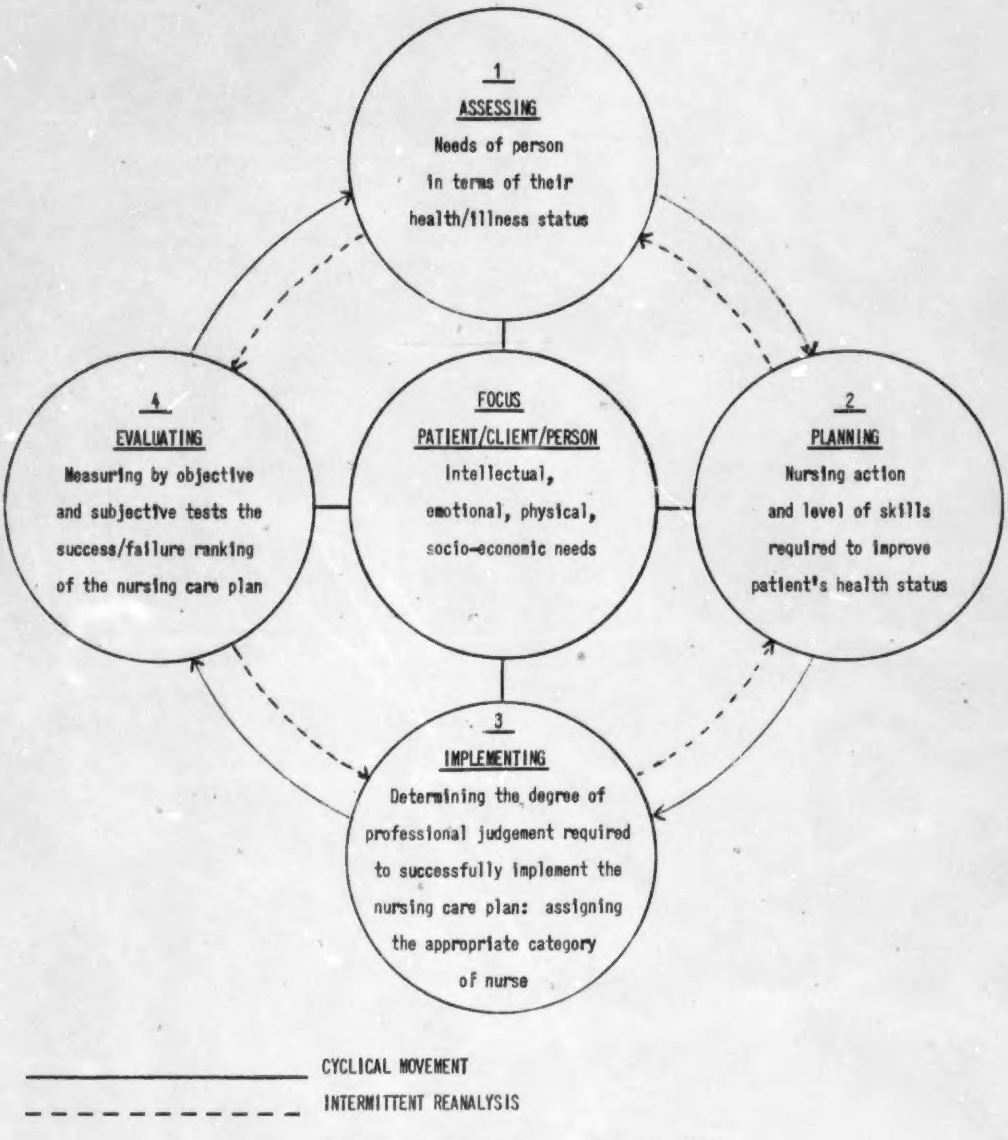
	Private Hospital A	W.A. Hospital B	W.A. School of Nursing
	$	$	$
Student salaries in study "blocks"	570	1 619	1 310
Training schools costs	1 386	1 228	1 253
	1 956	2 847	2 563

11. It is apparent that the basic education of nurses in hospitals is a multi-million dollar burden on the health services. Precise costing and evaluations are important and warrant the implementation of better and more uniform systems of accounts than exist now. Based on their detailed study, Bennett and Wallace concluded that it was unlikely that hospitals had a precise knowledge of, or control over the costs they incur as a result of operating their Schools of Nursing.

APPENDIX 5 : THE NURSING PROCESS

A CONCEPTUAL FRAMEWORK FOR NURSING - THE FOCUS AND THE NURSING PROCESS*

(FOUR STEPS)


1
ASSESSING
Needs of person in terms of their health/illness status
2
PLANNING
Nursing action and level of skills required to improve patient's health status
3
IMPLEMENTING
Determining the degree of professional judgement required to successfully implement the nursing care plan: assigning the appropriate category of nurse
4
EVALUATING
Measuring by objective and subjective tests the success/failure ranking of the nursing care plan
FOCUS
PATIENT/CLIENT/PERSON
Intellectual, emotional, physical, socio-economic needs
CYCLICAL MOVEMENT
INTERMITTENT REANALYSIS

* The Nursing Process is a dynamic one in that there is continual cyclical movement, as well as an opportunity to reanalyse each step.

The nursing process is illustrated diagrammatically in the figure above.

It is shown as a dynamic process in which there is continued cyclical movement. The functions illustrated are:

(i) Assessing the nursing needs of the patient or client in terms of his health or illness status

(ii) Planning nursing action required to meet the patient's/client's needs which involve knowledge of nursing care principles

(iii) Implementing nursing action through appropriate nursing procedures which incorporate the prescribed medical treatment

(iv) Evaluating the results of nursing action and on the basis of the results recorded and observed and the assessment of the effectiveness of the nursing, continuing or modifying nursing care.

APPENDIX 6A : COST OF REPLACING 166 STUDENTS FOR SERVICE TIME

Salaries payable to nursing staff who would replace a hypothetical 166 student nurses withdrawn from the workforce in New South Wales.

1. Student nurses are in classes and not rostered for service in New South Wales hospitals for the following periods each year.

First year	14 weeks
Second year	6 weeks
Third year	5 weeks

In addition, they are entitled to 6 weeks of recreation leave each year.

Therefore, they provide work for the following periods:

First year	32 weeks
Second year	40 weeks
Third year	41 weeks

2. If 60 first-year students are withdrawn from the workforce, they would be replaced by 60 x 32/52 = 37 staff, all of whom would be nurse-aides (paragraph 12.3)

Each nurse-aide would be entitled to 6 weeks of recreation leave. Therefore, an additional 5 nurse-aides would be required to provide relieving staff.

Nurse-aides in their third year of experience are paid $153.17 a week.

The annual salary bill for the 42 nurse-aides required to replace 60 first year students would be:

42 x $153.17 x 52 = $334 523

3. If 54 second-year students are withdrawn from the workforce, they would be replaced by: 54 x 40/52 = 42 staff, all of whom would be entitled to 6 weeks recreation leave. Therefore, an additional 5 nurses would be required to provide holiday relief. The total of 47 nurses required would be apportioned approximately in equal numbers between registered nurses and nurse-aides (paragraph 12.3).

The annual salary bill would be:

For 24 registered nurses: 24 x $186.05 x 52 = $232 190
For 23 nurse-aides : 23 x $153.17 x 52 = $183 191

Total $415 381

4. If 52 third-year students are withdrawn from the workforce, they would be replaced by: 52 x 41/52 = 41 registered nurses (paragraph 12.3). Each would be entitled to 6 weeks recreation leave, so an additional 5 registered nurses would be required for holiday relief.

The annual salary bill for 46 registered nurses would be:

46 x $186.05 x 52 = $445 032

5. The total annual salary bill for staff employed to replace 166 student nurses withdrawn from hospital staff would be:

First-year replacement (2) - $334 523
Second-year replacement (3) - $415 381
Third-year replacement (4) - $445 032

$1 194 936

APPENDIX 6B : SALARIES PAYABLE TO 166 STUDENTS

Salaries payable to 166 student nurses in hospitals in New South Wales.

It is assumed that the 166 student nurses would be distributed as in the model in paragraph 12.3.

Current salaries are:

First-year	$113.17 per week
Second-year	$127.79 per week
Third-year	$149.10 per week

The total annual salary bill would be:

60 x $113.17 x 52 = $353 090
54 x $127.79 x 52 = $358 834
52 x $149.10 x 52 = $403 166

$1 115 090

APPENDIX 8: BIBLIOGRAPHY

1. Decision of the Conciliation Commissioner regarding the Public Hospital Nurses (State) Award - New South Wales. 1978.

2. "A Sociology of Health" Andrew C. Twaddle and Richard M. Hessler. The C.V. Mosby Company, St Louis. 1977.

3. First Report of Committee for Re-Organisation of the Nursing Profession in New South Wales. (Chairman - C.A. Kelly) 1943.

4. "Tertiary Education in Australia". Report of the Committee on the Future of Tertiary Education in Australia to the Australian Universities Commission (Chairman - L.H. Martin) A.C. Brooks, Government Printer, Melbourne. 1965.

5. Report of the Committee to Consider all Aspects of Nursing. Part 1 "The General Nurse in the Hospital Environment" Part 2 "The Education of the General Nurse" Institute of Hospital Matrons of New South Wales and Australian Capital Territory (Chairman - E.S.A. Meyers) 1967 and 1969.

6. Assignment Report - R. Chittick. World Health Organization, Regional Office of the Pacific, 1968.

7. Report of the Committee Appointed by the Minister for Health to Inquire into the Education of Nurses (Chairman - V.J. Truskett) V.C.N. Blight, Government Printer, New South Wales. 1970.

8. Report of the Committee of Inquiry into Nursing in Victoria to the Honourable the Minister of Health, Victoria (Chairman - A.H. Ramsay) C.H. Rixon, Government Printer, Melbourne. 1970.

9. "Nursing in Tasmania" Report to the Honourable the Minister for Health. (Chairmen - F. Lade and J.S. Lawson) 1970.

10. "Health Services in South Australia". Report of the Committee of Inquiry into Health Services in South Australia. (Chairman - C.H. Bright) A.B. James, Government Printer, South Australia. 1973.

11. Report of the Committee to Investigate and Plan Future Nursing Education in the Australian Capital Territory. (Chairman - B.L. Hennessy) 1970.

12. Report on Possible Redevelopment in Nurse Education for Queensland. College of Nursing Australia. 1974.

13. Report of the Nurses Education Board on the Future Development of Nurse Education in New South Wales. (Chairman - J. Noble) 1974.

14. Report of the Committee of Inquiry into Hospital and Health Services in Victoria (Chairman - C. Syme and L. Townsend).

15. Report of Committee to Advise on Desirable Developments in Nursing Education (Chairman - P.G. Livingstone) Board of Advanced Education Queensland 1976.

16. "Goals in Nursing Education" Policy Statements of the Royal Australian Nursing Federation, College of Nursing Australia, National Florence Nightingale Committee of Australia, New South Wales College of Nursing. 1976.

17. Report of the Committee on Nursing (Chairman - A. Briggs) Her Majesty's Stationery Office. London. 1972.

18. "Nurse Education - What Future?" Goals in Nursing Education : report on a conference in the Australian Capital Territory. Edited by C. Duke. Centre for Continuing Education, Australian National University. 1975.

19. Report of Joint Committee on Conditions of Work and Life of Nursing Personnel. International Labour Organization, World Health Organization, 1973.

20. "Focus on Nurse Education" Nurses as Students or Service Staff? A.A. Congalton 1977.

21. "Australian Health Manpower" Report of the Committee on Health Careers (Personnel and Training to the Hospitals and Health Services Commission. (Chairman - S. Sax) Australian Government Publishing Service. Canberra 1975. 11339/75 (R74/1287).

22. Report of the Post-Secondary Education Committee of Inquiry. Victoria 1978. (Chairman - P.H. Partridge) Government Printer, Melbourne. 1978.

23. Report of the Working Party on Health Manpower to the Honourable the Minister of Health (Chairman - T.B. Swanson) F.D. Atkinson, Government Printer, Melbourne. 1978.

24. Australian Council on Awards in Advanced Education. Fifth Annual Report 1976. Australian Government Publishing Service, Canberra. 1977.

25. Nurse Education - New South Wales Government Policies. 1977.

26. New South Wales Higher Education Board. Policy Statement on Nurse Education for Submission to the Commonwealth Committee of Inquiry into Nurse Education and Training.

27. "The Educational Background of South Australian Student Nurses" C. Bennett, M. Roux, R. Wallace, Institute of Labour Studies. Flinders University, 1977.

28. Report on the Cost in Terms of Salaries (including Superannuation and Workers' Compensation) for the Replacement of General Student Nurses in New South Wales by Trained Nursing Staff. S. Quine. Australian Nurses Journal, Vol.6 No.3. September 1976.

29. "The Costs of Training Registered Nurses in Hospital Based Schools of Nursing Compared with Colleges of Advanced Education". C. Bennett, R. Wallace, National Institute of Labour Studies. Flinders University. 1978.

30. Handbook on Health Manpower. Part II. Australian Department of Health. Australian Government Publishing Service, Canberra. 1975.

31. "Post Basic Nursing Courses in Australia". Commonwealth Department of Health, 1976.

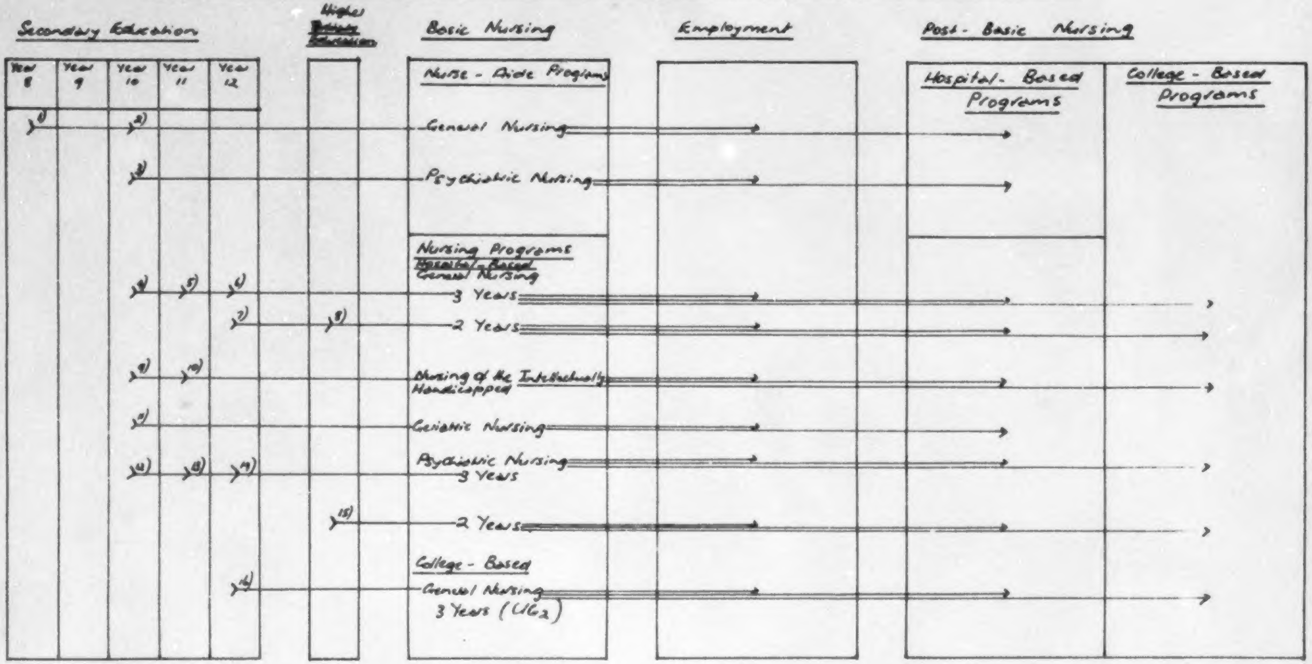
APPENDIX 9 : GLOSSARY

Clinical Instructor	An instructor in a hospital who is involved in supervising students' clinical experience and correlating it with the school of nursing's theoretical instruction.
Director of Nursing	A co-ordinator of nursing services in a hospital or other health organisation. Other term used: Director of Nursing Services.
Director of Nursing Education	A co-ordinator of the education program for nurses and nurse-aides in a hospital.
General Nurse	A Registered Nurse licensed to practise general nursing duties (rather than specialist duties such as psychiatric nursing).
Nurse-Aide	The second level of qualified nurse. Other terms used: Auxiliary Nurse, Enrolled Nurse, Enrolled Nurse-Aide.
Nurse Educator	A member of the teaching staff of a school of nursing. Nurse educators are more directly involved with the teaching of theory than are clinical instructors.
Regional School	A school of nursing catering for students from hospitals in a particular region.
Registered Nurse	A Registered Nurse is one who has completed successfully an appropriate course of training, has passed the necessary examinations and has been registered by the Nurses Registration Authority. Registered nurses are of different categories: General Nurses, Geriatric Nurses, Mental Retardation Nurses, Midwifery Nurses, Mothercraft Nurses, and Psychiatric Nurses. Other term used: Trained Nurse.
Bridging Course	A course provided by an educational institution to enable students to reach a sufficient academic level to undertake a standard course.

Higher Education	Education for which the entry requirement is completion of full secondary schooling.
Tertiary Education	Education which follows secondary schooling.
RGN	Registered General Nurse
RPN	Registered Psychiatric Nurse
RMDN	Registered Mental Deficiency Nurse.

Appendix 7

Entry Requirements for Nursing Programs and for Employment as a Registered Nurse


Secondary Education
Higher [illegible] Education
Basic Nursing
Employment
Post- Basic Nursing
Year 8
Year 9
Year 10
Year 11
Year 12
Nurse - Aide Programs
General Nursing
Psychiatric Nursing
Nursing Programs
Hospital - Based
General Nursing
3 Years
2 Years
Nursing of the Intellectually Handicapped
Geriatric Nursing
Psychiatric Nursing
3 Years
2 Years
College - Based
General Nursing
3 Years (UG2)
Hospital- Based Programs
College - Based Programs
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)
11)
12)
13)
14)
15)
16)

1. New South Wales, Queensland
2. Victoria, South Australia, Western Australia, Tasmania Australian Capital Territory, Northern Territory.
3. Western Australia, Tasmania.
4. New South Wales, Queensland, South Australia, Australian Capital Territory
5. Victoria, Tasmania, Northern Territory
6. Western Australia, Tasmania (entry can be either at Year 11 or Year 12 in this state)
7. Australian Capital Territory
8. New South Wales
9. New South Wales, South Australia
10. Victoria
11. New South Wales
12. New South Wales, Queensland, South Australia
13. Victoria, Tasmania
14. Western Australia, Tasmania (entry can be either at Year 11 or Year 12 in this state)
15. New South Wales
16. All states.